C+D

5 August 2006

Chemist+Druggist

www.dotpharmacy.com

Putting **you** first

Unrivalled

UniChem is 100% focused on customer service – continuously seeking innovative ways to enhance the service we deliver.

We are so confident that our service levels are the best in the industry, that we measure our performance on a monthly basis and publish the results – that's how committed we are to servicing you.

Unbelievable

We understand that our success depends on you and we are always looking for ways to give something extra back.

Health and Beauty is a core part of your business and we are committed to helping you maximise the opportunities within this area. This month you can enjoy trade reductions on Health and Beauty products of up to 54%, POR up to 80% and over 900 product promotions. You can access these prices on singles as well, so there is no need to carry extra stock.

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Look out for more fantastic offerings and new initiatives in the coming months!

Unique

UniChem Professional Services have created a series of tailored initiatives designed specifically to support you.

During September, a unique series of PSNC endorsed seminars are available to help maximise MUR income, and over the coming months there will be more great packages.

Understanding

UniChem understand your needs and those of your business. We understand the challenges that you face and we understand that teamwork is the key to success – that's why you can rely on us to support you and your business.

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PHARMACY

LICENSING CHIEFS

News: Super-multiple Alliance Boots launches to a mixed reception

News: Fears raised that GPs are exploiting 100-hour contract exemption rule

Features: Views on CPD public health – a weight loss clinic and tobacco control

Help keep your customers tummies in the pink this summer!

You may hear your customers complain of an upset stomach more during the summer months and when they do, help them tackle the issue with a fast effective product

There are occasions throughout the year that could be marked for a bout of upset tummy, especially those that can mean a bit of over indulgence from rich food and drink. This is particularly relevant during the summer months; whether it's a sun spoiled picnic, rich wedding food, undercooked barbecues, an evening with friends in the local beer garden or a holiday abroad – they all provide opportunities for a spell of 'dodgy tummy'.

With warm weather and bright, balmy evenings your customers will be more inclined to make the most of the life alfresco and pack the diaries full of social events or a trip to foreign climes to relax and unwind. However, this can take its toll on the stomach, which may suffer the consequences, such as nausea, diarrhoea or indigestion.

Throughout the summer months many of your customers will invest in a good SPF and aftersun product to protect, soothe and calm the effects of sun exposure but how many will invest in a good stomach remedy to combat a tummy upset? Here's how you can help…

Knowing the symptoms

Customers presenting a 'dodgy' or 'upset' stomach are often unclear about their symptoms, so use terms which can be a vague or all encompassing to describe gastrointestinal (GI) problems such as indigestion, diarrhoea or nausea.

These phrases however can mean different things to many different people, especially when coupled with the added problem that some people are, in fact, too embarrassed to describe their symptoms clearly or accurately. Not to forget that some customers may also present with more than one problem. All of which can make it difficult to recommend a suitable product. What can you do?

Multi-Symptom Relief

When deciding an appropriate treatment for customers presenting an 'upset' stomach, 'dodgy' tummy or any of the above GI symptoms there is one multi-symptom remedy that could help your customers keep their tummies in the pink - Pepto-Bismol.

Thanks to its unique active ingredient, Bismuth Subsalicylate, the multi-symptom treatment is proven to provide fast, effective relief from an 'upset' stomach, nausea, diarrhoea and indigestion.


Eating out abroad

Upset tummy triggers


Under cooked barbecue food


Picnics in hot weather


Rich food and drink

How does Pepto-Bismol work?

Pepto-Bismol is a triple action formula; this means there are three distinct ways to help effectively relieve an 'upset' stomach:

Coating action

- Soothes and protects against further irritation[1]

Inactivation

- Bismuth subsalicylate helps to inactivate micro-organisms that can cause diarrhoea and food poisoning including: E. coli, Salmonella sp., Vibrio Cholerae[2]

Anti-secretory

- Bismuth subsalicylate inhibits prostaglandin synthesis, thereby reducing fluid flow into the GI tract. This means stools are less watery

What makes Pepto-Bismol so unique?

- **Triple action formula**
- **Effective multi-symptom remedy**
- **Clinically proven to provide soothing relief of upset stomach, nausea and diarrhoea. It also helps relieve indigestion and heartburn**
- **Provides rapid relief by coating the GI tract and protecting the stomach's lining from irritants**
- **Won't interfere with the stomach's natural digestive process[3]**

New Format!

This year Pepto-Bismol has introduced NEW Pepto-Bismol tablets. Available in packs of 12 and 24, the tablets offer a convenient alternative to the popular liquid format. So, wherever your customers are going and whatever they are doing at home or abroad, a suitable Pepto-Bismol formula is at hand for their GI needs.

Pepto Bismol tablets
are available in packets of 12 (£3.49) or 24 (£5.99).
Pepto Bismol
is available in 120ml (£2.99),
240ml (£4.49) and 480ml (£6.99) bottles.

You can help and advise your customers through the summer with Pepto-Bismol

tummy feeling dismal? Pick up…

Always read the label, contains Bismuth Subsalicylate

ALL on pack and usage instructions should be read before use.
Pepto-Bismol should only be taken for two days. If symptoms persist or are severe the patient should be advised to seek medical help.
For further information please call 0800 085 0367

Pepto-Bismol Product Information. Pepto-Bismol should not be used by: Children under 16, pregnant women, if the patient is allergic to salicylates including aspirin.
Please refer to abbreviated prescribing information below. Contact us for further information: 01932 896000

References
1) Lorber S H, Antipeptic agents, carbenoxolone and mucosal coating agents. Bio Inf Corp Pub, New York. 1979; 295-305
2) Monhart. Rev Infect Dis 1990; 12 Supp 1:S11-15
3) Gorbach SL, Cornick NA, Silva M. Effect of bismuth subsalicylate on fecal microflora. Rev Infect Dis 1990b; 12 Suppl 1: S21-S23

Full prescribing information for Pepto-Bismol
Active ingredient Bismuth Subsalicylate (Liquid - 526mg per 30ml/525mg per 2 tablet dose). Indications: For heartburn, upset stomach, indigestion and nausea. Controls common diarrhoea. Dosage and administration: 30ml/2 tablets. Repeat dose every half to one hour as needed. No more than 8 doses/16 tablets to be taken in 24 hours. Contraindications: Patients sensitive to salicylates including aspirin. Precautions, side effects and warnings: not to be taken with other salicylates including aspirin. Pepto-Bismol should not be used by those aged under 16 due to a possible association between salicylates and Reye's Syndrome, a very rare but very serious disease. Use in pregnancy and breast feeding should be avoided. Use with caution in patients taking anti-coagulants or oral therapy for diabetes or gout. May cause a temporary and harmless darkening of the stool and/or tongue. If symptoms are severe or persist for more than 2 days, or diarrhoea is accompanied by a fever, stop use and consult a doctor. Do not exceed the stated dose. Keep all medicine out of reach and sight of children. WARNING: products contain amaranth which can cause allergic type reactions including asthma. Tablets contain a source of phenylalanine. Liquids contain sorbic and salicylic acid which can cause dermatitis, and benzoic acid which is a mild irritant to skin, eyes, and gums. Pepto-Bismol Tablets product licence number: 0129/0143. Pepto-Bismol Liquid product licence number: 0364/0025 Product licence holder: Procter & Gamble, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. Legal category: P

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Cover Aina Osunkunle, this week's Pharmacy Champion. Picture Mike Smith Photography

Alliance Boots hits the high street running

Retailing Executives lay out plans for the merged retailer and wholesaler

Max Gosney

Boots and Alliance-UniChem have set out plans to spearhead the future success of pharmacy as the companies merged to form Alliance Boots this week.

Richard Baker, Alliance Boots chief executive, said: "This is not just an opportunity for Alliance Boots, but for the whole of pharmacy. As a market leading force we will help develop and drive the sector."

Mr Baker pledged to create the "biggest and best" pharmacy offer at Alliance Boots's 2,300 UK stores over the next year.

The company would push for pharmacists to play a more prominent part in healthcare, revealed Steve Duncan, Alliance Boots community pharmacy director.

"We are passionate about pharmacy and want to put it at the heart of healthcare. We want to take the role of the pharmacist further by using our influence to shape developments in the sector," he said.

The group would seek out new services in partnership with pharmacy's trade bodies, he added. However, no decision had been made on whether Alliance Boots would become a member of the NPA.

"We believe in supporting a strong pharmacy sector, which will benefit all players including independents. It's not a contradictory aim because if the industry remains strong it will continue to attract government investment," he said.

Alliance Boots would begin a "slow process" of re-branding over 900 Alliance stores with Boots signage in the coming months, Mr Duncan said.

The sites would feature the traditional blue Boots badge rather than the new Alliance Boots corporate logo, he confirmed.

Around 500 Alliance stores would also receive immediate access to Boots brands including Soltan and No7, he added.

Alliance Boots also confirmed that it would move around 40 staff to a new headquarters at Sedley Place, Westminster, London.

The friendly giant: Richard Baker, left, and Steve Duncan from Alliance Boots: plan to secure new services in partnership with trade bodies

Alliance Boots – the lowdown

- An "international pharmacy-led healthcare group" according to company chiefs, serving over 125,000 outlets in 14 countries from over 380 depots.
- Largest UK pharmacy retailer with 2,300 outlets; 400 outside the UK.
- Largest UK pharmaceutical wholesaler with 40 per cent market share.
- Over 100,000 employees (including associates).

Good for pharmacy? For more news on the merger see page 12 ›

Rival retailer's view:

"I have no doubt we will see the emergence of new service offers and this can only be good for pharmacy. Ideally this pioneering activity will help establish service provision that all pharmacies can eventually take part in which will truly help improve patient access. A great example is the chlamydia service operating in London which could now be opened up to all pharmacies to allow better access for patients who do not have a Boots store close by."

Martin Crisp, Superdrug head of pharmacy.

Rival wholesaler's view:

"The problem for pharmacy is that Alliance Boots' size means it has the influence to negotiate with policy makers off its own back.

"You might find that pharmacy becomes divided into Alliance Boots and the rest. Historically, Boots has always been a little bit isolated from pharmacy, it's never been an NPA member for example. Many pharmacists view Boots as an internal enemy.

"For independents I think there is a lot of pain to go through. For those who subscribed to UniChem as an independent co-operative this merger is the nail in the coffin of that ideal."

David Cole, Phoenix chief executive.

Independent's view:

"I think it's the latest stage in the terminal decline of the independent pharmacy sector.

"I would never really trust Boots as they tend to act outside of the profession in pursuit of their own interests. The chlamydia pilot in London is a good example. At the end of the day the company is there to look after its shareholders.

"I don't feel immediately threatened. The only way independents can compete is on their strong customer services, which the multiples cannot match."

Mike Long, proprietor, Highbury Barn Pharmacy, London.

No drug supply bias, insists UniChem

Wholesaling Service levels will not be affected, says managing director

UniChem has rebuked claims that it will favour drugs supply to Alliance Boots stores ahead of its independent customers.

Contractors could expect larger product choice, better prices and extra support, UniChem stated following its merger with Boots.

"I think the merger signals a really exciting opportunity for our existing customers," said Mark Stephenson, UniChem's marketing director.

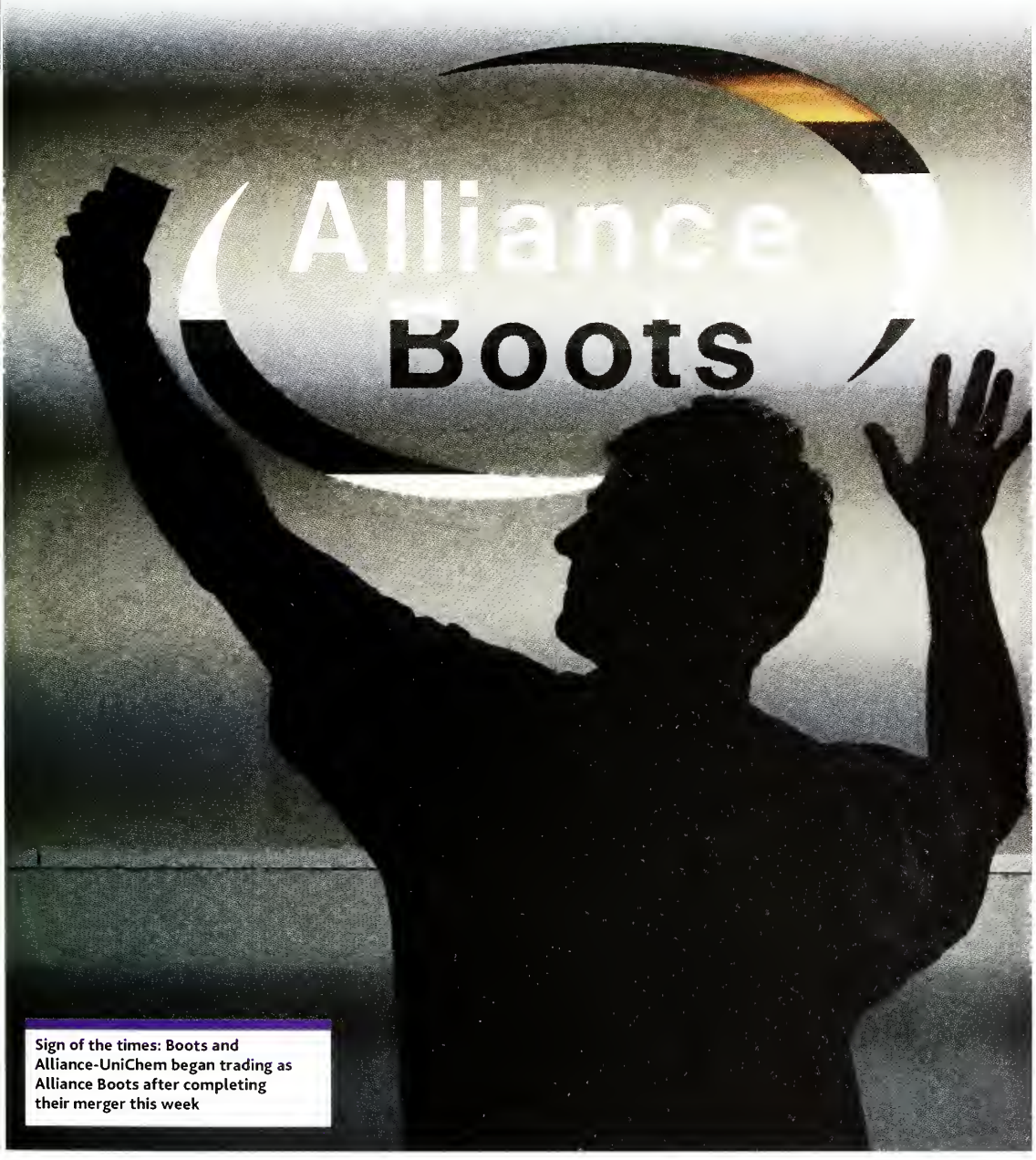
"The most important thing is that our service levels will not be affected. The product ordering system is based on a first come, first served basis. To introduce a multiple bias would be impossible," he said.

The comments come as rival wholesalers including Phoenix, AAH and Mawdsleys predicted disruption for UniChem customers as the company combined supply of Boots and independent pharmacies.

However, UniChem ruled out the moved. Mr Stephenson said: "We have no plans to integrate the two supply chains. The challenge for us now is to grow our independent business."

UniChem plans secure extra supply deals by bringing Boots's strength in training and retailing to its independent customers, revealed Mr Stephenson. "Many of our customers started their career at Boots and value the company's training support. They also value Boots brands like Soltan and No7. We are working with Boots around the possibility of an own brand sun cream range for independents," he said.

UniChem could set up the services as part of a virtual pharmacy network, confirmed the company. **MG**



Sign of the times: Boots and Alliance-UniChem began trading as Alliance Boots after completing their merger this week

United Co-op condemns 100-hour exemption regulations

Practice GP bid for rival pharmacy is conflict of interest, says general manager

United Co-op has hit out at control of entry regulations after a group of Lancashire GPs launched a bid to open a rival pharmacy under the 100-hour opening exemption.

Doctors from Garstang Medical Centre have been given approval by Wyre PCT to run a pharmacy from their new £2.75 million site on Kepple Lane. United Co-op claims the move would jeopardise the future of its two stores closer to the town centre.

John Nuttall, United Co-op general manager, said a GP-run pharmacy service, further to the dispensing doctors' service already provided, presented a conflict of interest. He urged the Department of Health to amend the exemption regulations.

"There can only be a detrimental impact on the level and range of pharmaceutical services to the people of Garstang as the viability of our existing pharmacies is severely threatened," he said.

"This is an example of exploitation of the control of entry regulations that is neither in the interest of patients nor the NHS."

GPs at the centre, including Dr Jonathan Williamson, have said that adding pharmacy provision into a primary care service would benefit patients. Concerns could be because local pharmacy providers had enjoyed a monopoly, they added.

Wyre PCT said it followed regulations when awarding the contract and that the application did not "prejudice the provision of pharmaceutical or medical services in the neighbourhood".

United Co-op has exercised its right to appeal the decision to the Family Health Services Appeal Unit, which is part of the NHS Litigation Authority. Chief officer Paul Burns said the FHS would assess the documentation to determine whether they would have jurisdiction over an appeal. **TH**

See Your Views, page 14 for an NPA comment ›

News in brief

Drugs classes criticised

A group of MPs has panned the current drugs classification system as "riddled with anomalies".

Instead of linking drug classes to criminal penalties, the Science and Technology Committee has called for a scientific scale based on the harm a substance can cause – both to the user and others – and its tendency to cause dependence.

The system should include alcohol and tobacco, the group said.

Walk to fitness scheme

Around 100,000 pedometers are being made available to adults through the National Step-o-meter Programme jointly run by the Department of Health and the Countryside Agency.

The scheme will recruit 8,000 health professionals, including pharmacists, to target adults whose inactivity is a health risk.

Pharmacy wins 'oscar'

Lifestyle Pharmacy, Bath, has been rewarded for its smoking cessation record. Bath and North East Somerset PCT rated the town centre store's quit rate as the highest among pharmacies in the region.

Nucare training days

Nucare Professional Services launched its 2006-07 pre-reg courses with a tutors' training day at its Milton Keynes headquarters. It will be followed by five pre-reg training days, starting on October 3 and running until April 3, 2007.

Contact Michelle Spencer-King on 01908 423542 for details.

Update MCQ

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in July: Rheumatoid arthritis and rituximab (1374), cervical cancer (1375) and HRT case study (1376).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice, with MCQs and a telephone marking service supported by Genus Pharmaceuticals. Previous modules are available at www.dotpharmacy.com. For information, telephone Paula Sanderson on 01732 377269.

MUR total hits 150,000 in year one of contract

Practice Interim government report reveals extent of pharmacy activity

Asha Fowells

Nearly 150,000 medicines use reviews and prescription interventions were conducted by community pharmacists in England during the first year of the new pharmacy contract.

Over the same time period, a total of 16,835 local enhanced services were provided, said an interim government report looking at the impact of the new contract and control of entry reforms. Smoking cessation, supervised administration, minor ailment schemes and patient group directions were the services most frequently commissioned by primary care trusts.

The number of pharmacy contractors increased by 130 to 9,872, comprising 143 openings and 23 closures (the highest and lowest figures for 10 years respectively). The percentage of contracts that are part of a multiple – defined as a chain of six or more stores – rose slightly from 55.5 per cent to 56.8 per cent.

PCTs received 300 applications for 100-hour pharmacies, 74 for contracts in out-of-town shopping developments, 43 for mail order or internet based pharmacy services, and 12 for pharmacies in new one-stop primary care centres. Of the 429 applications, 246 were approved and 108 were still outstanding at March 31, 2006.

The information contained in the publication was collected by the NHS Information Centre from PCTs and the Prescription Pricing Division of the NHS Business Services Authority.

Further information can be found at: www.ic.nhs.uk/pubs/pharmservs

Pharmacies criticised over paracetamol

Medicines Contract breaks sale rules, says study

A small-scale study has criticised pharmacies and other outlets for not adhering to legislation limiting the sale of OTC paracetamol.

Published in the BMJ-affiliated Postgraduate Medical Journal, the study looked at how easy it was to purchase more than the restricted number of tablets, without resorting to coercion.

Four of the eight pharmacies visited sold more than 32 tablets (though the authors make no mention of the fact that pharmacists may use their discretion to supply up to 100 tablets), and 13 of the 16 non-pharmacy outlets sold more than two 16-tablet packs.

In addition, the authors questioned 73 patients presenting to an emergency department who reported ingesting more than 16 paracetamol tablets. Nearly half said they had purchased the drug specifically for overdose, and 46 per cent of these said they had contravened the legal restrictions on maximum purchase.

The authors stress the small, localised nature of their research, saying: "Our findings may not be reflective of nationwide practice... the overall conclusions cannot be generalised." But they highlight the need for further work looking into whether the 1998 legislation is being adhered to, and if not, ways of enforcing the rules. For more information, see Postgrad Med J 2006; 82: 520-523 **AF**

First UK medical aid packs flown to Lebanon

Medicines Companies donate doctors' travel packs to treat war victims

Sussex-based charity International Health Partners has sent the first shipment of medical aid from the UK to Lebanon.

In response to a request from the World Health Organization, 30 doctors' travel packs, donated by 24 companies across the UK, have been flown to medical teams in Lebanon to treat some of the 700,000 displaced civilians. Each pack is a mobile dispensary of 35 essential medicines to treat up to 1,000 children and adults.

The WHO has called on UK drugs firms to co-ordinate a programme of specific medicines for donation to Lebanon. See www.ihpuk.org **JE**

Medical aid from the UK will help treat civilians in war-torn Lebanon under the United Nations-linked IHP project
Photo: Kevin Frayer/AP/Empics

OTCs for chlamydia and BPH

Medicines MHRA reveals plans for future switches

Over the counter medicines for chlamydia and benign prostatic hypertrophy look set to launch next year, according to the UK drug regulator's business plan for 2006-07.

Alongside an antibiotic for urinary tract infections, the two drugs are mentioned as part of the Medicines and Healthcare products Regulatory Agency's drive to widen the availability of medicines. The organisation states its continued focus as empowering people to manage their own health, and the long-term management of significant disease.

OTC devices are also mentioned in the document, with the MHRA highlighting its work to educate pharmacists on the sector, so they are better able to help patients. In addition, the organisation says it will continue to develop targeted programmes on its work for healthcare professionals, both pre- and post-registration.

Public health is another area of focus for the MHRA, with the body signalling its intention to redevelop its pharmacovigilance system, and proactively review classes of medicines for which the risk:benefit ratio has significantly changed. Collaborative work with the Medical Research Council will give academics greater access to the General Practice Research Database. See also http://tinyurl.co.uk/aqtd **AF**

Tesco rewards pre-reg star

Practice Rebecca Sampson is trainee of the year

Rebecca Sampson, trainee pharmacist at Tesco's Cheltenham store, was declared Pre-Registration Trainee of the Year at the Menzies Welcombe Hotel in Stratford-upon-Avon.

Ms Sampson is pictured right holding her trophy with (clockwise) Tesco's Kilna Shah, Karen Marsden and Paul Pilkington, in addition to Trevor Gore of Reckitt Benckiser.

The award recognised Ms Sampson's 'exceptional work' during the year-long training.

She will further her career with the supermarket chain as a pharmacist at the Bridgend (Brewery Lane) in-store pharmacy, starting this month. **IE**

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NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). Dosage: Adults: 4mg if smoke within 30 minutes of waking. 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12: 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. Contraindications/ precautions: Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. Side effects: Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst,
swelling, leg oedema, pain, malaise wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. Pregnancy/ lactation: Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary.
GSL PL 00079/0369, 0370, 0373 & 0374. PL holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Pack size and RSP: 36's £8.99, 72's £17.49. Date of revision: December 2005
Reference: 1. Shiffman S et al. Arch Intern Med 2002; 162: 1267-1276.
gsk

Cegedim gets green light for ETP system

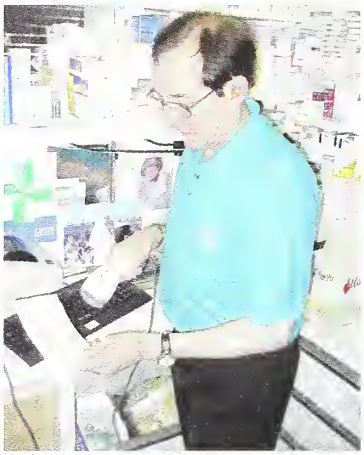
IT Nexphase receives authority to deploy from Connecting for Health

Tom Hawkins

Cegedim Rx is preparing to roll out its electronic prescription software to pharmacies in the UK after the system was given approval by the NHS.

Connecting for Health (CfH) has granted authority for implementation of the Nexphase EPS pharmacy management system, qualifying it for funding from the community pharmacy contractual framework.

Simon Driver, managing director of Cegedim Rx, said: "This is great news for our Nexphase customers and we are extremely pleased that we have completed the substantial development work required by CfH to attain this status."



Cegedim plans to upgrade 1,200 Nexphase users to provide EPS

Nexphase is currently used by 1,200 pharmacies, which will now be upgraded to provide EPS compliance. The system displays a graphic of the front and reverse of the prescription form as details from the paper script are typed in.

Mr Driver added that Cegedim Rx expected to achieve rollout approval for Pharmacy Manager within weeks and for Mediphase by the end of the year.

The company has already received hundreds of forward orders for connection to the N3 national patient records database via its partners Pipex and Sirocom.

Pharmacists could expect a "robust, secure and accurate PMR system" with the CfH-approved Nexphase system, claimed wholesaler UniChem, which works as an IT partner with Cegedim. **TH**

Pharmacy firm in university challenge

Education Mock pharmacy will aid students' learning

A Northumberland pharmacy group will install a mock pharmacy training unit at the University of Sunderland.

Students there will have the opportunity to experience life in a modern pharmacy after the refit by HF Healthcare. The firm is funding a complete revamp of the dated centre within the university. The work is expected to be completed before the next term begins in September.

The mock pharmacy includes a consultation room and cameras to record patient/pharmacist roleplays. Alex Holliday, managing director at HF Healthcare, said it would provide a taste of real life in pharmacies today.

"It will provide practice in a consultation room, which is key to the new pharmacy contract. If they're doing MURs it gets them used to working in a room one-to-one where it's completely private," he said.

HF Healthcare is undertaking the refit at Sunderland as part of a wider programme of refurbishment at its Healthcare Plus retail stores in the North East.

The Cramlington firm has grown its presence in the region this month with the addition of a store in Easington Collier, east Durham and has plans to double its number to 40 stores within two years.

Mr Holliday said the expansion plan was primarily designed to protect wholesale business and that longer term growth could take the independent outside the region. **TH**

London pharmacies champion sexual health

Practice Campaign gears up for Sexual Health Week

More than 100 pharmacies across Lambeth and Southwark are joining a campaign to encourage more people to use their local pharmacy for sexual health advice.

'It started with a kiss' is being launched during Sexual Health Week (August 7-13) and will continue for the whole month. Posters, postcards and leaflets will be given out and pharmacists and their staff have attended training to help them answer questions from patients.

Pharmacist Ash Soni, a trainer on the programme and vice-chairman of the Local Pharmacy Committee, said: "This is one of our essential services campaigns and we've trained the pharmacists in sexually transmitted infections, contraception, on how to direct people to specialist services and in how to avoid making assumptions about patients and offer them appropriate advice for their needs. This training equips them to offer an improved service while taking some pressure off specialist clinics and GPs."

The quality of the service offered will be tested by 'mystery shoppers', with the results fed into ongoing training plans. **JE**

Lets talk about sex: Hardik Dalal at London's Ridgway Pharmacy, which will assist the sexual health campaign

Contractors must size up customers over condoms

Practice One size does not fit all, FPA says

To mark Sexual Health Week (7-13 August), the FPA is asking pharmacists to talk to customers about the risks of using the wrong size condom.

Condoms that do not fit properly are more likely to tear or come off, increasing the risk of unplanned pregnancy or sexually transmitted diseases, said the FPA.

"Men come in different shapes and sizes and so do condoms," said Toni Belfield, FPA's director of information. "Poor use of condoms can have devastating consequences on people's sexual health."

The FPA is sending out 2,000 campaign packs to health professionals, including pharmacists.

See p36 for two more public health issues pharmacy can help with ›

Pharmacies too female-oriented, says men's group

Practice Men said to find some pharmacies offputting

The Prime Minister's support for GP surgeries in high street pharmacies fails to recognise that many pharmacy designs are offputting to men, the organisation Men's Health Forum has said.

Commenting on plans for GP services to be set up in high street stores, Dr Ian Banks, president of the Men's Health Forum, said: "We have to recognise that men are not used to visiting pharmacists – indeed, most larger pharmacy stores are more like department stores for women.

"So, allowing GPs to set up in Boots stores will not make services more accessible to men unless opening hours are also extended, unless the surgeries are made more male-friendly and unless Boots strives to attract more men into its stores generally," Mr Banks added. **CB**

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News in brief

United Drug gains NI stake

Wholesaler United Drug has bought into the retail sector by securing a 25 per cent stake in Northern Ireland independent group Medicare.

The company, which also owns the Sangers wholesale business, acquired the holding for an undisclosed sum.

GSK flu vaccine

GlaxoSmithKline has produced a highly effective bird flu vaccine, according to the company.

The H5N1 vaccine produces the highest reported immune response at a low dosage.

JP Garnier, GSK's chief executive, said clinical test results from Belgium represented a "significant breakthrough".

Independent opens after heading off GP plan

Practice Cumbrian couple sink doctor's bid to secure rival contract

A husband and wife team have finally opened the doors to their village pharmacy after successfully appealing against plans by GPs to open a rival store.

Mark and Lucy Stakim began trading at Dalston Pharmacy this month, having originally applied for a contract in November.

Local GP surgery Dalston Medical Practice also had an application approved by Carlisle and District PCT but the Stakims appealed, saying that the population could not support two pharmacies.

Mr Stakim said: "The PCT decided to award both contracts, which wouldn't have worked in a village of two to two-and-a-half thousand people."

Dalston Pharmacy is the first pharmacy to be opened in the Cumbrian village. A questionnaire revealed that residents wanted a pharmacy in the parish.

It operates from the same premises from which Lucy's parents ran a general store.

Dalston Pharmacy aims to dispense 2,000 items per month, although it is still competing against the dispensing GP practice.

MURs will be conducted with patients after three months. "We made sure the architect put in provision for a consultation room," said Mr Stakim. "We've linked the PMR to the laptop so while we're doing an MUR you've got access to patient PMRs." **TH**

Mark and Lucy Stakim aim to dispense 2,000 items per month. Picture courtesy of Cumbrian Newspapers

Julia Stanley, left, from Rowlands in Newgate Lane, Mansfield, pictured with Rebecca Wray, Rowlands' training officer, has becoming the group's 50th qualified checking technician. "As well as checking 1,000 items I had to complete various tasks in my portfolio of evidence that supported my training," said Ms Stanley

Trial disaster fails to deter public

Medicines Clinical trial candidates increase

More people are putting themselves forward for clinical trials in the wake of the high profile drug test disaster at Northwick Park Hospital that left six men seriously ill.

The Association of British Pharmaceutical Industry said that anecdotal evidence from members suggested volunteers had increased.

On March 13 six volunteers were transferred to Northwick Park Hospital from an independent medical research centre on the campus run by Parexel. They suffered organ failure after taking TGN1412 made by German firm TeGenero.

ABPI spokesman Richard Ley said the event had not affected volunteer levels and that, if anything, it had increased after media coverage highlighted the £2,000 fee paid to participants.

The ABPI contributed to the Department of Health's interim report on Phase 1 clinical trials launched after the Northwick Park incident. Published by the Expert Scientific Group (ESG) last week, the report outlines added safeguards for the testing of high risk drugs that affect the immune system.

Chairman of the ESG, Professor Gordon Duff, said: "Clinical trials in general have an excellent safety record but in the light of the TGN1412 incident there is a need to look at the future safety of clinical trials involving novel and potentially higher risk drugs." **TH**

Pfizer calls for action against parallel trading

Medicines Parallel trading linked to fake lipitor discovery, says Pfizer

Pfizer has called for a crackdown on parallel trading after the discovery of counterfeit Lipitor in the supply chain. The move follows the discovery of packs of counterfeit lipitor by the Medicines and Healthcare Regulatory Authority. The tablets, which were sold to a pharmacy by a wholesaler in London, were from a batch – 004405K1 – that was originally recalled in July last year.

Two arrests have been made in the North of England in connection with the seizure. The MHRA said the product presented no immediate risk but could not guarantee its quality.

Pfizer blamed the complex, fragmented nature of the European medicines market, particularly the nature of parallel imports, for allowing fake goods to present a risk to patients.

A spokesperson said: "This is not just an issue for Pfizer, it's an issue for the industry as a whole. It demonstrates that the legitimate supply chain in the UK is a target for counterfeiters."

Pfizer claims that 140 million items are parallel traded, which can pass through up to 30 pairs of hands before reaching a patient.

However, Richard Freudenberg, secretary-general of the British Association of European Parallel Distributors, questioned the figures. He said: "The supply chain is not anywhere near as fragmented. The commercial reality is that it wouldn't be in the interest of the trade."

He added that the drug involved in this case was a counterfeit of the UK pack, adding that there was no evidence of counterfeit products entering the UK supply chain as a result of parallel imports.

The MHRA stated: "Counterfeit medicines are a global problem and the MHRA has a comprehensive anti counterfeiting strategy to tackle this type of criminality." **TH**

See page 18 for this week's Pharmacy Champion

The right balance of milks, right for all their needs

Although breast milk is best for babies, some mums are unable to breast feed, or choose not to for medical, social or physical reasons. Many of these mums need advice about which infant formula is appropriate for their baby, and they may turn to you for help in making their choice.

Giving information to parents on infant milks

SMA Nutrition offers a range of infant milks and special feeds to meet the needs of different babies and toddlers. The recommendation guide below can help you advise parents on which infant milks are suitable and at what age.

SMA Gold*. Balanced to be closest to breast milk

- Whey-based infant formula from birth
- Balance of nutrients similar to those in breast milk to support healthy growth, development and immunity
- Most popular infant formula in UK

SMA White*. Balanced for hungrier babies

- Casein-based formula, more satisfying for hungrier babies
- Can help delay weaning until the recommended time

SMA Progress*. Balanced for older babies and toddlers

- Follow-on milk suitable from 6 months to 2 years
- Balanced with higher levels of iron, zinc and vitamins C and D than cows' milk[1]
- Helps meet baby's changing iron needs and helps prevent iron deficiency[2]

SMA High Energy*. Balanced for babies with faltering growth

- Clinically proven to promote weight gain in babies[7]
- Balanced with important breast milk nutrients, so babies don't miss out on these important nutrients

SMA Wysoy*. Balanced soya [illegible] infant formula

- Balanced nutrition for babies who are intolerant to cows' milk
- Free from lactose and cows' milk protein
- Suitable for vegetarians

SMA LF*. Balanced for babies with lactose intolerance or colic

- Clinically lactose-free formula for bottle-fed babies who are lactose intolerant
- Low-lactose formulae are recommended by the NHS in the UK for bottle-fed babies with colic[3]

SMA Staydown*. Balanced for babies with significant reflux

- Clinically proven to help ease significant reflux (regurgitation) in formula-fed babies[4,5]
- Complete milk formula containing an easily digestible pre-cooked cornstarch that thickens in the stomach, not in the bottle

References: **1.** The Composition of Foods (McCance and Widdowson, eds) 6th Edition, Food Standards Agency, 2002. **2.** Williams J, Wolff A *et al.* Iron supplemented formula milk related to reduction in psychomotor decline in infants from inner city areas: randomised study. *Br Med J* 1999; **318:** 693-697. **3.** www.prodigy.nhs.uk/guidance.asp?gt=Colic%20-%20infantile. Last accessed September 2005. **4.** Gonzalez LM *et al.* Effect of formula with pregelatinized cornstarch in the treatment of regurgitation in infants. *Rev Obstet Gynecol Venez* 2002; **62:** 27-31. **5.** Ramirez-Mayans J *et al.* Nutritional management of children with gastroesophageal reflux: a comparison of two different thickened formulas. *Int Pediatr* 2003; **18:** 78-83. **6.** Xinias I *et al.* An antiregurgitation milk formula in the management of infants with mild to moderate gastroesophageal reflux. *Curr Ther Res* 2003; **64:** 270-278. **7.** Peake D *et al.* Feeding in infants with increased energy requirements. Irish Paediatric Association Meeting Abstracts. May 1999.

SMA Nutrition, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH.

*Trade Mark

ZRA-0352

Land of the giants

The Alliance Boots merger marks the latest advance in the rise of the pharmacy multiples. C+D reports on how an industry is sizing up its latest super group

Max Gosney

Listen closely and you could almost hear the chink of Champagne flutes as Boots and Alliance-UniChem completed their £7 billion tie-up this week. But, having sold the deal to shareholders and the City, company chiefs must now focus on a pharmacy market which appears divided on whether to bring out the bubbly just yet.

For some, an Alliance Boots super group could destabilise the profession. "The company is going to have a significant competitive advantage because of its size," explains John Davies, Mawdsley's retail services director and pioneer of the Independent Pharmacy Federation. "Boots has a reputation of acting unilaterally. Will this new organisation be happy to accept the PSNC or NPA as pharmacy representatives? Or will they say 'we have 25 per cent of the market' and approach the Department of Health alone?"

Independent pharmacists have much to fear should Alliance Boots adopt an overbearing approach, explains Mr Davies. "If the company starts to use its influence to make national gains that's something for contractors to be very concerned about," he says. However, stand-alone independents will lose little sleep as long as they can compete on equal terms, adds the Mawdsleys chief.

"The well organised independent will always run rings around multiple stores when providing professional services. I think this merger is a great opportunity to make that offering even stronger."

The Alliance Boots tie-up could provide a collective boost for pharmacy, according to PSNC. Sue Sharpe, the organisation's chief executive, says: "Alliance Boots includes one of the major wholesalers supplying independent pharmacies and it has a very substantial interest in maintaining a healthy independent sector." Though the company includes 17 per cent of [illegible] pharmacies there is little to indicate it's planning a maverick approach to pharmacy politics, adds Ms Sharpe.

"During the new contract negotiations both demonstrated their willingness to assist in developing a compelling case for fair funding, for independents as well as multiples. We have no reason to believe that the merged group will be any less supportive," she says.

However, suspicion remains that Alliance Boots could skew its UniChem wholesale business in favour of branded stores, says rival AAH Pharmaceuticals. UniChem, which has a strong independent customer base, will sit uncomfortably with the retail chain of Alliance Boots, argues Ajit Malhi, AAH's professional services manager. "I know from talking to independent pharmacists that there's a concern their needs may become secondary to those of the Boots stores when it comes to the delivery of drugs," he says. Yet, with Alliance Boots pledging plenty of post-merger opportunities for independents, many contractors are prepared to be patient, says Uma Patel, UniChem customer and proprietor at Dunn's Chemist at Cranford, Middlesex.

"As long as UniChem gives me the service I enjoy at the moment I will stay with them. If they don't then I will move."

Contractors are also indifferent to the prospect of around 900 Alliance pharmacies, mostly in community locations, benefiting from Boots' No7 and Soltan brands, says Mr Patel. "Our strength is in prescriptions and not counter business. The patient services an independent can offer can always beat that of Boots or Alliance," he says.

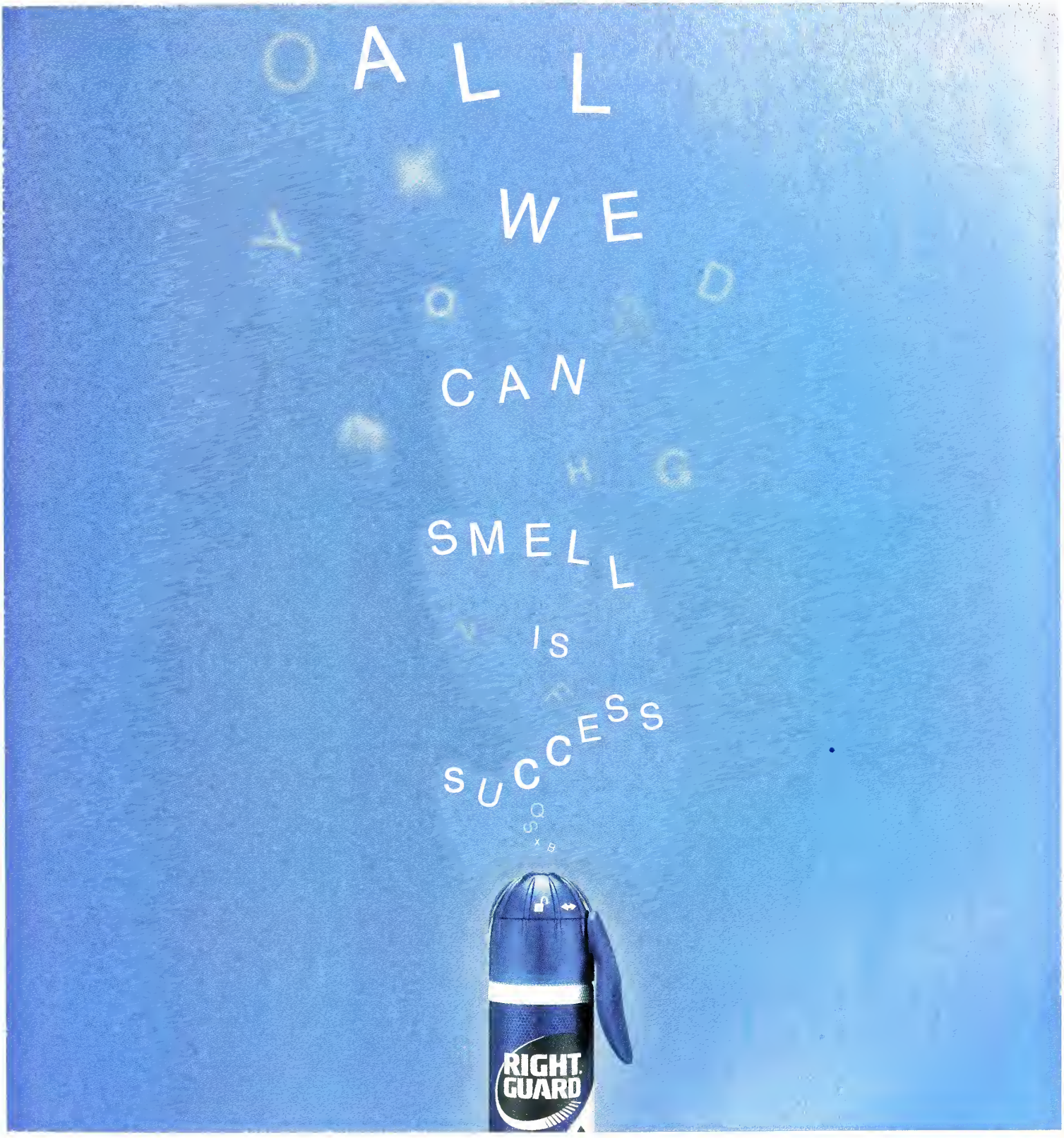
But, with multiple chains boosting market share by 20 per cent in the past decade according to government figures (C+D, February 4, p6) many independents appear unable to make their perceived advantage count. The formation of Alliance Boots signals a trend of expansion among large multiples, with Lloydspharmacy, United Co-op and the Co-op all adding small independent pharmacy chains over the past year. John Whitworth, owner of Whitworth Chemists, a 25-strong regional multiple, says: "I must get one approach a month from one of the big boys. I think many independents are just unable to cope with the demands of the new contract and are selling to the highest bidder. It's very sad when you think how much the independent sector has declined."

How will the merger affect you? Email chemdrug@cmpmedica.com

Rise of the multiples

Company	No of pharmacies	No of pharmacies acquired since Nov 2005
Alliance Boots	2,300	-
Lloydspharmacy	1,542	129
Co-op	434	74
Rowlands	430	29
United Co-op	230	83
Superdrug	227	4

Source: C+D research/CCA



Schwarzkopf & Henkel has acquired the Right Guard and Natrel brands. We're going to be working up a sweat with a big advertising campaign from August.

For more information, contact Customer Services on 01296 314026 or Sales and Marketing on 01296 3140

Schwarzkopf & Henkel

Comment from the editor

A giant stalks the land

The launch of Alliance Boots has finally happened and the company has become by far the largest pharmacy business in the UK.

Whether this is good for pharmacy, healthcare or wider retailing in the UK remains to be seen. There are many competitors who are looking on with interest. It could be that Alliance Boots will lose ground as it combines operations, giving other larger pharmacy and wholesaler businesses a temporary advantage.

Smaller businesses and especially the independents will need to be confident that they can compete: they have the advantage of better personal service. But no doubt they will be courted by all the wholesalers, each wanting to strengthen their positions in this period of flux.

Boots has shaped pharmacy over the years in many ways – its size has meant it has tried many initiatives and has also had a degree of influence in which direction pharmacy should move in the UK. Alliance Boots' strength will be even more evident. But if it really does want to see the pharmacy sector strengthened as a whole it will have to make sure that it does not trample the independent sector underfoot in its bid to lead the way.

What may worry some is the Boots culture: the company has managed to get quite cosy with the government recently. Being awarded an exclusive contract to pilot chlamydia screening in London is a case in point. There's still no indication that this will be extended to other pharmacy contractors. If this continues to happen with an even bigger Alliance Boots chain, which can offer the government an extensive network of pharmacies, then it could be divisive for the profession.

There is also the question of representation: what will happen to the NPA if Alliance Boots leaves the association? Alliance Pharmacy was a member but Boots never was, so if the Alliance element leaves the NPA, not only does it become harder for the NPA to say it represents community pharmacy in the UK, the NPA will also have a serious income review on its hands. And should Alliance Boots join the NPA, what will the independents make of it, having held Boots as the sworn enemy for many decades?

Still, all these potential changes will take time to occur. We shouldn't forget, though, that this merger takes the Boots brand much more extensively into Europe, and it may be there that the impact is more widely felt.

What may worry some is the Boots culture: the company has managed to get quite cosy with government recently

Your views

Dereliction of duty

PCTs should be able to stop pharmacy applications under 'Johnny come lately' arrangements, says John D'Arcy

The so-called 'balanced package of measures" is under review. The balance referred to is that between the free market and a regulated market.

Pharmacy's argument in favour of retaining control of entry was that a pharmacy should be viewed in a healthcare context and as such pharmacy services should be planned and managed. Regulation is therefore needed because the free market cannot be relied upon to ensure that pharmacy services will be where they are needed. This argument found favour with consumers and the then secretary of state for industry Patricia Hewitt (now ironically secretary of state for health) who commented that there are "limits to competition".

It is the PCTs which have responsibility for planning local health services including pharmacy services. In doing this, PCTs should make decisions on the range and location of pharmacy services on a pharmaceutical needs assessment. Only in this way will we see a rational distribution of pharmacy services and equity of access – so important to government health policy. A free market for pharmacy services will frustrate this ideal.

But, there is emerging evidence that this is happening anyway. We are becoming aware of situations where GP surgeries are relocating into purpose-built surgeries where the owner of the premises, the developer and pharmacy provider, are in common ownership. And even though these pharmacies would not satisfy the "necessary or desirable" test they are benefiting from the 100-hour exemption in the balanced package.

There is a further sting in the tail due to existing pharmacy providers being specifically excluded from these arrangements because the developers insist on their own pharmacy. The consequence will inevitably be the decimation of existing, easily accessible, local pharmacy services.

The free market cannot be relied upon to ensure that pharmacy services will be where they are needed and this argument found favour with consumers and the then secretary of state for industry Patricia Hewitt

So, one has to ask what is the role of PCTs in this scenario? They are supposed to be planning and developing local services but it appears that they are powerless to act against these 'Johnny come lately' arrangements which could over time completely distort the pharmacy market to the detriment of patients.

The modern NHS is increasingly characterised by a mix of public and private healthcare provision. Getting the balance right will always be difficult. But a situation where the PCT is effectively out of the loop on taking control on the location of pharmacy services suggests that the scales are weighted too heavily in the wrong direction.

Moreover, for PCTs not to exercise their powers to the full in determining the location of pharmacies on the basis of patient need amounts to a dereliction of duty.

John D'Arcy is chief executive, National Pharmacy Association.

Northern Ireland Notebook

Xrayser

No access to task-force means no access to records

Some recent initiatives, such as independent prescribing, have indicated that the government has great plans for pharmacists. Others, however, such as an apparent refusal to allow us access to patient records, indicate that there are no plans for us whatsoever.

In light of the fact that pharmacists have failed to gain top-level representation on the task-force charged with developing the summary patient care record (C+D, July 29, p8) it looks unlikely we will be involved with the records at all. Every other group likely to have access to the records, including "workers in emergency medicine", is represented on the task-force, but no pharmacists. If we were going to be linked to the records in any way at all it would make sense to have us on this task-force.

Taking this one step further, the exclusion of pharmacists looks rather like a deliberate snub. Much of the information contained in patient records is drug-related, so even if pharmacists were not going to actually access the records they could have some valuable input about drug data presentation and retrieval.

Access to the NHS Care Records system will be fundamental to many future roles for pharmacists and if we don't get it our potential is seriously thwarted. How can we practise independent prescribing or clinical reviews without this access? Many of our existing services, such as MURs and even minor ailments clinics could be significantly improved with only limited access.

Access to the patient record is one of GPs' last bastions of exclusive power and they are guarding it jealously. We are going to have to work extremely hard against their powerful position to prove ourselves worthy of this important right. A few more MURs might be a good place to start.

GPs and the whale

Wanted: GP practice to work in my pharmacy. Must have own tardis-type device that will fit in the corner of the shop.

Of course I'd love a GP practice in my pharmacy but it's never going to happen for obvious reasons. And most pharmacies are in the same boat. Except of course, those with a spare few hundred square metres of either supermarket floor space or former homeware/optician/record departments.

There is no way for the average pharmacy to compete with what is basically another way around the control of entry regulations. The government's plans to put GP surgeries in Boots' stores (C+D, July 29, p8) could spell a doomsday scenario for some pharmacies. If your local GP practice is swallowed up by your local Boots store all your healthcare business will be swallowed up with it. That is a worst case scenario, but it may well happen to some poor, hard working contractor.

Supermarkets don't appear to be such a serious threat here, as any town centre GP practice is unlikely to move to an out-of-town superstore. But quite a few would welcome saving some rent by moving into a nearby Boots store.

But what really chilled me to the bone was a quote in The Guardian from a "source close to the discussions". This source claims that "the government thinks Boots is someone they can do business with". The implication is that the government feels unable to do business with any other part of the profession.

Maybe if I can find a second-hand tardis they might listen to me.

All change

I think it was Lenin who said: "There are decades when nothing happens, and there are weeks when decades happen."

In Northern Ireland the first few weeks of July felt much like this. First there was the Boots Alliance merger, due to be completed by July 31. There will be an impact from this merger that now commands 17 per cent of contracts under the Boots banner. It will not only be about efficiencies and economies of scale, any "goodwill" independents might have from each is likely to disappear as Mr Baker takes off the gloves to copper-fasten his reputation.

More of a surprise, and perhaps more worrying, was the announcement that United Drug (Sangers) is taking a 25 per cent stake in Medicare. Medicare, with 26 shops, has been on the market for some time and was nearly scooped up by the Co-op. Clear Pharmacy, the new local multiple, attempted to purchase some shops as another solution. Michael Guerin is playing a good game. After years of aggressive acquisitions, often paying very high prices for businesses, it would appear he's now freeing up some of the investment he has made over the years. This cash injection will stabilise the business and leave him at the helm. All well and good but Sangers entering the retail business is a concern to many independents. I'm not worried; Sangers is just being pragmatic. Medicare's high financial gearing needed resolution; a Co-op buy-out may have put Sangers in a precarious position.

There will be an impact from this merger that now commands 17 per cent of contracts

And then there's the Foster report which suggests PSNI will, for the moment, remain independent. Great, say those with a nostalgic outlook. But the report adds that eventually there will be a merger with the Royal Pharmaceutical Society. PSNI is effectively finished. As TS Elliot said, "this is the way the world ends, not with a bang but a whimper".

Written by a pharmacist practising in Northern Ireland

UniChem: In perfect order

The demands of the Community Pharmacy contract make UniChem's service role more vital than ever before. UniChem uses experience built up over almost 70 years of wholesaling to provide the best service and support mechanism for your pharmacy and it's getting better all the time.

UniChem delivers the goods

Like you, UniChem knows that service is the number one priority. As our customers seek to offer new healthcare services they need a wholesaler they can depend on.

UniChem's twice-daily deliveries ensure that pharmacists get the medicines their customers need just hours after ordering. As far as possible, orders arrive at the same time every day, with new state-of-the-art software monitoring van routes around the clock. And with 11 Distribution Centres (DC's) serving every corner of the UK, UniChem's scope and efficiency is second to none.

Julian Streeter, Operations Director, emphasises the ever-improving quality of UniChem's service: "Top-line service levels are at a record high, consistently over 98% and often surpassing 99%. Yet UniChem continually strives for the perfect order. We maintain a continual dialogue with our customers via the UniChem Customer Forums. The feedback we receive is extremely positive."

Collaboration at the core

Like you, UniChem's one-to-one relationship with every single one of its customers is our raison d'être.

The 'Customer First' initiative was launched in late 2004 to improve processes throughout the company, with a team from across the business addressing customer needs. Customer First means all employees, from managers to part-time staff, understand that doing their job can mean life or death for a patient.

It's a process of transparent, collaborative improvement that is unique to UniChem. In addition, any UniChem customer can feed into company policy via the UniChem Customer Forums. Continuous Improvement teams at each DC ensure that comments are positively acted upon, streamlining supply, invoicing and ordering.

Mike Palmer, General Manager for Distribution Support, says: "Our customers have, quite rightly, always expected a service that is second to none. Throughout the healthcare chain there is an intense focus on service and UniChem has an important part to play in providing our customers and their patients with the perfect order – the right product, in the right place, at the right time."

"UniChem strives to provide a service that sits at the forefront of our industry with developments and initiatives that consistently exceed our customers' expectations. In doing so, we aim to become the first and best choice for pharmacists. Independent pharmacy is the bedrock of our business and we are absolutely committed to supporting this sector."

David Coles, Managing Director

Constant improvement in supply

Like you, UniChem strives for constant improvement in our business.

Between 2002 and 2005 UniChem revolutionised its operation with a major warehouse improvement programme, Best Practice. This £20 million upgrade

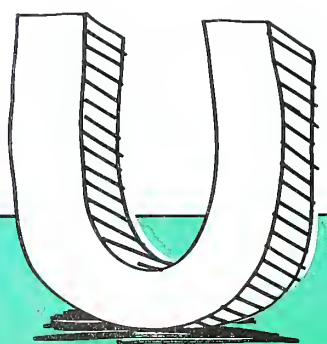
initiative, employing cutting-edge design and technology achieved staggering results. At Livingston Distribution Centre alone, volume catapulted 340%, dispatching an incredible 60,000 lines per day.

Other initiatives are improving supply accuracy. A project introduced to track warehouse errors in detail, halved UniChem's warehouse-generated errors in just six months. New Leonardo software helps to solve stock problems before they happen, and a fortnightly 'Out of Stock Bulletin' keeps customers' fingers on the pulse. No other company is as open and progressive with service as UniChem.

A full range is only the start

Like you, UniChem knows that stocking tens of thousands of product lines is just the start. UniChem is committed to offering its customers the best ranges and offers in the market and we will be announcing our excellent offers on a monthly basis for the remainder of 2006. Special Obtains are smoothly handled following centralisation into one location to make one-off ordering easy. What's more, customers get access to the award-winning Almus range of generics, offering continuity of pack and increased patient safety.

Focused on



"Croydon is a great success story about a distribution centre that embarked on a 'journey' with Best Practice (warehouse improvement) two years ago and has gone from strength to strength ever since. Our people are good at what they do and are passionate about their site and company, as with UniChem as a whole."

Mike Tipple, General Manager, Croydon Distribution Centre

More than just wheels

UniChem understands the growing needs of its customer base and has a full range of support to help you make the most of the opportunities available in this new age. 'your portfolio' is UniChem's complete, flexible range of tools and services to develop all aspects of your business: Retail, IT, Business, Training and Healthcare.

Retail

Store refits and consultation room building, marketing, merchandising and everything else pharmacists need to make their store profitable.

IT

UniChem was the first wholesaler to work with NHS Connecting for Health to gain accreditation as an aggregated N3 service provider in time for the roll-out of the Electronic Prescription Service in England. In partnership with leading pharmacy systems supplier, Cegedim Rx, it now provides the ultimate one-stop shop hardware and software IT solution and is the only wholesaler to offer a dedicated IT support team.

Business

Finance services from financial management advice to loans.

Training and Healthcare – Professional Services

From the acclaimed Solutions guides, to practical-based MUR training and Pharmacy contract workshops in collaboration with Primary Care Organisations, UniChem's dedicated Professional Services team is available to support independent pharmacy with the demands of the Advanced and Enhanced tiers of the Community Pharmacy Contract. As the PSNC's official 'Community Pharmacy Training Partner', UniChem's Professional Services team will be introducing a number of quality support initiatives before the end of the year, starting with a series of unique MUR seminars throughout September, designed to help break down the barriers to MUR implementation. You won't find this calibre of support from any other wholesaler.

UniChem
PSNC Community Pharmacy Training Partner

With constant improvements developed openly and in collaboration with independent pharmacists, a genuine desire to innovate and an unwavering commitment to independent pharmacy, it is no surprise that UniChem is the leading wholesaler of choice for almost 6,000 community pharmacists in the UK. As UniChem customer Noel Wicks says, "Behind every good pharmacist stands a great wholesaler."

"UniChem is committed to supporting its customers every step of the way as they adapt to change under the Community Pharmacy Contract. Our flexible Customer IT offering enables all of our customers to partake in EPS with systems that will take them into the future."

Anthony Roberts, IT Director

In numbers

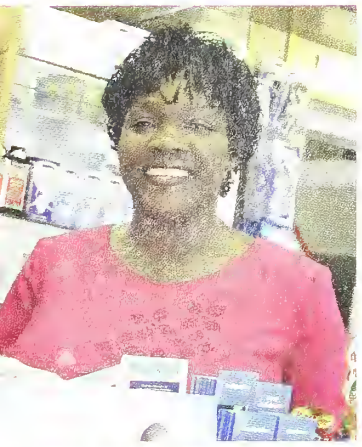
We make a delivery every 5 seconds.

We take 10,000 customer calls every day.

We travel over 100,000 miles per day, that's over 4 times around the earth!

We can turn an order round in 30 - 40 minutes.

UniChem
Putting you first



Pharmacy Champions

Pharmacists leading the way

Name
Aina Osunkunle

Pharmacy
K and A Pharmacy, Gateshead, Tyne & Wear

What has she done?
She runs an ESPLPS pharmacy in a deprived area

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpmedica.com

What have you set up?
We provide all eight essential services. I was particularly pleased when we received our first repeat dispensing prescription because it had taken so much time and effort to get there. We are not linked to any particular surgery and do not have a close relationship with any, so we had done well.

I had to spend a lot of time reviewing and improving my clinical knowledge to be able to provide advanced services such as medicines use reviews and prescription intervention, which has turned out to be time well spent.

We also offer a number of enhanced services such as smoking cessation, emergency hormonal contraceptives, blood pressure monitoring and supervised administration of controlled drugs. It took a while for me to get on the smoking cessation training course organised by the Gateshead and South Tyneside stop smoking service but it's been worth the effort. The clinic is run on a walk-in basis.

Clients are usually happy to be able to set a quit date when they are feeling determined to stop. I told surgeries which have long waiting lists that I can take on clients who live close by, which went down well. I advertise the service by putting up a poster in the shop window.

I think it would be better if the service could be run on PGD. We are trying to improve it by using opportune times such as during MURs to check on people's smoking status and offer advice. Not everyone takes kindly to the question about their smoking status but we put the question as nicely as we can and it is very rewarding when people quit.

Were there difficulties?
Our greatest difficulty was a lack of interest in the repeat dispensing programme from GPs. Initially when I made follow-up calls to practices there was very little interest so I turned my attention to the patients. I gave out leaflets explaining the programme and told them to speak to their GPs if they wanted to participate.

How have the locals reacted?
All of them were very enthusiastic; however there is still a lack of interest in the repeat dispensing programme in some surgeries. They also tell me they've enjoyed the MUR service and are happy to have a repeat next year.

Any advice for others?
Get involved in activities organised by your PCT. Attend meetings regularly, especially clinical governance meetings. I use the SWOT analysis quite a lot in running the pharmacy. If you have good staff, get them involved in continuous education and do all you can to keep them — they are priceless.

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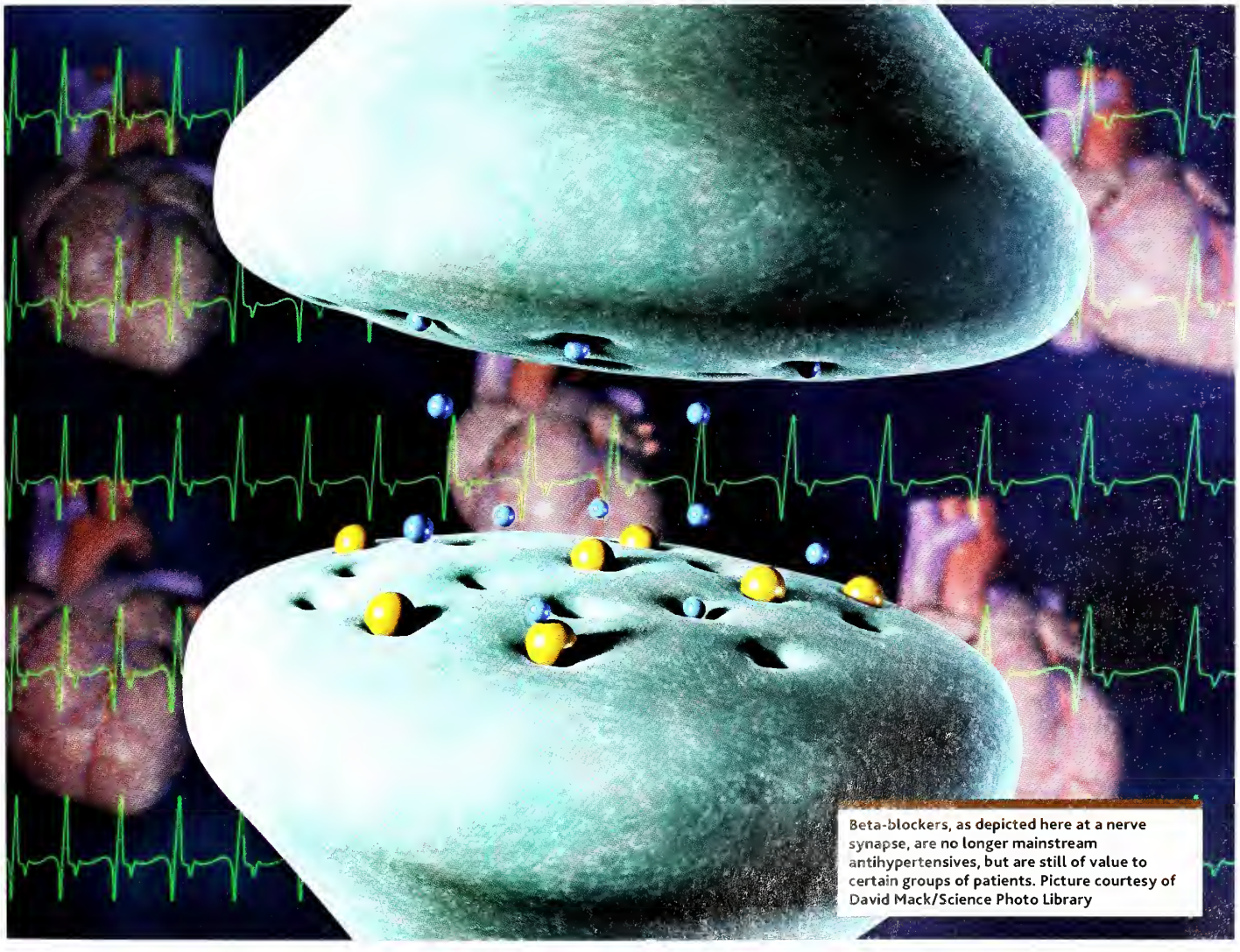
C+D Clinical

Changing therapy in hypertension

This article explains the new Nice guidelines on hypertension treatment, and outlines some of the issues pharmacists are likely to be asked about



Beta-blockers, as depicted here at a nerve synapse, are no longer mainstream antihypertensives, but are still of value to certain groups of patients. Picture courtesy of David Mack/Science Photo Library

Mike Mead

By now most pharmacists will have had a steady stream of patients asking for the "new" drugs instead of their beta-blockers, following media coverage of the new guidelines on hypertension issued by the National Institute for Health & Clinical Excellence (Nice). Certainly this has been the case in general practice. It is important we are all united in our response to the forthcoming changes in patients' prescriptions, so this article focuses on the practical implications of the new guideline.

Why the change?

Pharmacists who keep an eye on such things will know that Nice issued guidance on the management of adult patients with essential hypertension in primary care in 2004. This still contains general advice on detecting and managing the condition – all that changes with the new 2006 guidelines are the recommendations for drug treatment.

In 2004 there was considerable disquiet over Nice's choice of therapy for treating hypertension, which started with a thiazide-type diuretic then added a beta-blocker unless the patient was at high risk of diabetes, when an angiotensin-converting enzyme (ACE) inhibitor was recommended. For years there has been a question mark over the efficacy of beta-blockers and, indeed, there has been good evidence of a higher cardiovascular mortality with beta-blockers compared with other antihypertensives.[1] The caveat about diabetes comes from recognition that beta-blockers a

CPD

This article can he the following C competencies: G1c, G1e, C1c, C3e. See www.tinyurl.com/194zu

associated with a higher incidence of new-onset diabetes, particularly with thiazide-type diuretics.

The real catalyst for change, however, was the result of the Anglo-Scandinavian Cardiac Outcomes Trial.[2] ASCOT was one of the largest hypertension trials ever undertaken, with more than 19,000 patients recruited from family practices in Northern Europe. It is one of the few studies to compare directly different drug regimens – in this case one based on amlodipine plus perindopril versus a regimen based on atenolol plus bendroflumethiazide.

The patients in the trial were hypertensives aged 40 to 79 years with no history of heart disease and three or more cardiovascular risk factors (eg male, smoker, aged 55 years or older, type 2 diabetes, raised total:HDL cholesterol ratio). Some highlights of the results are listed in Table 1.

Of particular interest is the major (nearly a quarter) reduction in the risk of stroke and the 30 per cent reduction in new-onset diabetes. Diabetes, of course, is a key cardiovascular risk factor with a two to threefold increased risk of coronary heart disease and stroke.[3] ASCOT demonstrated clear advantages from using amlodipine/perindopril over atenolol/bendroflumethiazide.

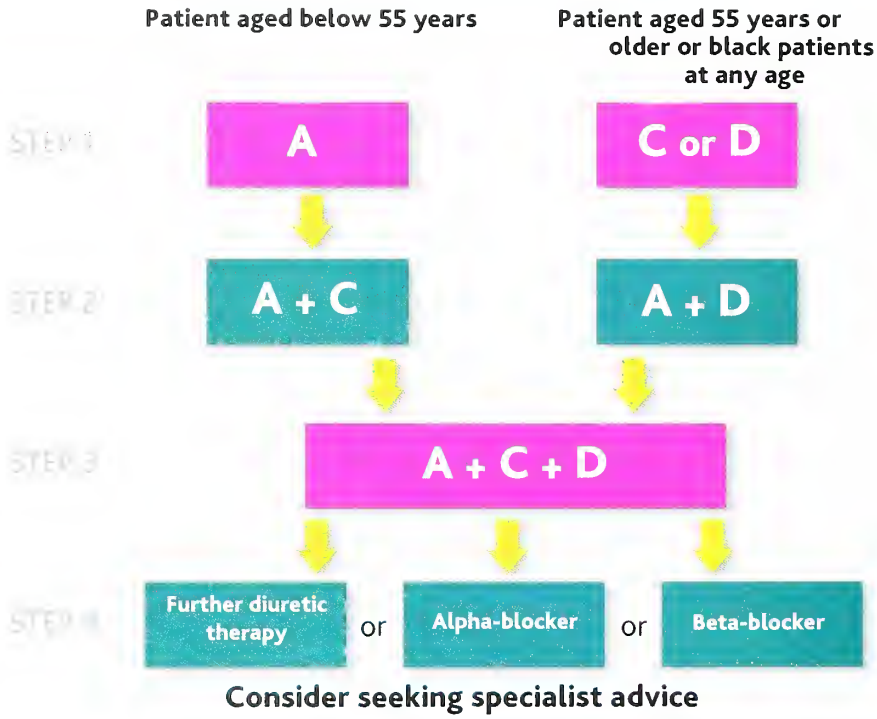
How much should this translate to wider practice? One factor in the improved results may have resulted from better 24-hour control of blood pressure with amlodipine/perindopril. Both these drugs give good 24-hour control, with perindopril having one of the longest half lives of the ACE inhibitors. Once daily atenolol will not achieve effective 24-hour control. Perindopril is also a lipophilic ACE inhibitor, binding strongly to ACE, and has been the subject of other large studies showing cardiovascular benefit, for example in patients with stable coronary artery disease and in patients with cerebrovascular disease.[5]

ACE inhibitors are now used widely in many different diseases, such as heart failure and chronic kidney disease, so it seems there are advantages in using them rather than beta-blocker based regimens for hypertension, although again it is atenolol that has been used in comparator studies rather than other beta-blockers.

Table 1: Some significant differences shown in the ASCOT study

Compared with atenolol/bendrofluazide, the amlodipine /perindopril regimen resulted in:
- 13 per cent reduction in non-fatal myocardial infarction plus fatal CHD.
- 13 per cent reduction in total coronary events.
- 16 per cent reduction in total cardiovascular events and procedures.
- 11 per cent reduction in all-cause mortality.
- 24 per cent reduction in cardiovascular mortality.
- 23 per cent reduction in fatal and non-fatal stroke.
- 30 per cent reduction in risk of developing new-onset diabetes.

Table 2: The new Nice guidelines



A = ACE inhibitor (though consider angiotensin receptor blocker if intolerant)
C = calcium channel blocker
D = thiazide-type diuretic

NOTE: Black patients are those of African or Caribbean descent and not mixed race, Asian or Chinese.

What are the changes?

The new treatment algorithm for patients with hypertension is detailed in Table 2. Patients aged below 55 years tend to have higher renin levels and a more renin dependent blood pressure, so in these patients the logical first choice is now an ACE inhibitor (A), or angiotensin receptor blocker if ACEI intolerant, as these drugs target the renin-angiotensin system.

For patients aged 55 years and older, or black patients at any age (those of African or Caribbean descent), the first choice should be a calcium channel blocker (C) or thiazide-type diuretic (D). More than two thirds of patients will need more than one drug to control their blood pressure, in which case the A plus C or D combination is recommended (ASCOT of course had an A – perindopril, plus a C – amlodipine). A plus C plus D is the recommended combination for those needing three agents.

From here the advice is less clear. The range of choices for a fourth drug – each with their own advantages and disadvantages – is:
- Alpha-blockers like doxazosin are useful in prostatic hypertrophy but may cause postural hypotension.
- Moxonidine (not part of the guideline's recommendations) is a centrally acting drug, acting in the brain and reducing sympathetic drive. The dry mouth of methyldopa, a centrally acting drug still sometimes used to treat hypertension in pregnancy, is less with moxonidine.
- Spironolactone is a useful and potent agent in some patients with resistant hypertension but can cause dangerous hyperkalaemia. This can be a problem if using ACE inhibitors or angiotensin receptor blockers.
- Beta-blockers, while no longer mainstream antihypertensive therapy, are still of value in different groups of patients, ie those with coronary heart disease, heart failure (not atenolol) and young women who may be pregnant.

However, it is important to remember that the key message is still to reduce blood pressure to target (less than 140/85mmHg in non–diabetic patients and ideally less than 130/80mmHg in patients with diabetes). The most effective hypertension medication is the one the patient adheres to.

Issues for the pharmacist

Explaining to the patient

Explaining the implications of the new Nice guideline to patients will generally address these questions:

• *Is my beta-blocker less effective than other drugs?*

Suggested answer: While all the drugs we use lower blood pressure effectively, we now have evidence that newer drugs may have advantages in outcomes (such as reducing stroke) compared with older drugs like beta-blockers. Newer drugs also lower your risk of developing diabetes compared with beta-blockers. This is backed by evidence from recent trials and is why Nice changed its recommendations.

• *Should I stop my beta-blocker now?*

Suggested answer: Not yet. It is dangerous just to stop your beta-blocker as your blood pressure and pulse will rise and, in any case, some patients need to take their beta-blocker to protect their heart. There is no need for any urgent change of medication, as the protective effect of lowering blood pressure occurs over many years, not weeks or months. The best strategy is to discuss the issue with your GP or nurse at your next consultation.

• *Where can I find out more about this guideline and treatment for blood pressure in general?*

Suggested answer: The Blood Pressure Association, the charity for patients with high blood pressure, has produced material about the changes as well as a wide range of resources for patients on all aspects of blood pressure. Contact details are: The Blood Pressure Association, 60 Cranmer Terrace, London SW17 0QS. Tel: 020 8772 4994. Website: www.bpassoc.org.uk

Medication reviews

When reviewing a patient's antihypertensives, it is important to consider outcomes (as in ASCOT), the new Nice guidelines and the risk of diabetes. There are several guiding principles:

1. Before switching from a beta-blocker, ensure the patient is not on the drug for another cardiac reason (pulse rate control, post-MI, angina etc).
2. The combination of bendroflumethiazide and atenolol is now outdated and a key target for change.
3. Patients at high risk of diabetes (those with strong family history, impaired fasting glucose, impaired glucose tolerance, obesity or of South Asian or Afro-Caribbean origin) comprise another target group to change from a beta-blocker, particularly if used in association with a thiazide diuretic.
4. Although less of a target for change there is still a good case against using atenolol for hypertension in view of inferior cardiovascular outcomes.
5. Thiazide-type diuretics by themselves are not a reason for switching and work well when added to an ACE inhibitor or angiotensin receptor blocker.

If you recommend an alteration to the patient you will need to liaise with their GP. The usual change will be from a beta-blocker to an ACE inhibitor and it is sensible to first check the patient has normal renal function, start a low dose ACE inhibitor, recheck renal function in two weeks and slowly withdraw the beta-blocker over several weeks while titrating up the ACE inhibitor and monitoring the blood pressure.

This illustrates the workload, and number of consultations involved, when changing therapy for hypertension.

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1. Carlberg, B, Lindholm, LH, Samuelsson, O. Atenolol in hypertension: is it a wise choice? Lancet 2004; 364: 1684–89.
2. Dahlof, B, Sever, P, Poulter, NR et al for the ASCOT Investigators. Prevention of cardiovascular events with an antihypertensive regimen of amlodipine adding perindopril as required versus atenolol adding bendroflumethiazide as required in the Anglo-Scandinavian Cardiac Outcomes Trial – Blood Pressure Lowering Arm (ASCOT- BPLA): a multicentre randomised controlled trial. Lancet 2005; 366: 895-906.
3. The Audit Commission. Testing Times: A review of diabetes services in England and Wales 2001.
4. Efficacy of perindopril in reduction of cardiovascular events among patients with stable coronary artery disease: randomised, double-blind, placebo-controlled, multicentre trial (the EUROPA study). Lancet 2003; 362: 782-788.
5. PROGRESS Collaborative Group. Effects of a perindopril-based blood pressure lowering regimen on cardiac outcomes among patients with cerebrovascular disease. European Heart Journal 2003; 24: 475-484.

Dr Mike Mead, a full-time GP in Leicester, is an advisor to medical journals, author of medical books and lecturer in medical matters in the UK and overseas.

Continuing professional development

Reflect

Have you been inundated with patients asking if they need to change their blood pressure treatment? Have you been able to explain the new Nice guidelines?

Plan

By reading this article you will learn why the Nice guidelines changed, the new treatments of choice for hypertension and what you might tell patients who ask questions about them.

Act

How many patients do you have on beta-blockers, particularly atenolol? Find out if they are taking the drug purely for high blood pressure or for other cardiac reasons, and note this in their patient medication records. Make a list, for as many patients as practicable, of when they are due for a repeat prescription and therefore might need to change medication. Think about contacting local GPs to see what their choice of, for example, ACE inhibitor is likely to be. How will this affect your buying patterns of antihypertensive drugs? Look at the Blood Pressure Association's website (www.bpassoc.org.uk) to see what information it offers patients.

Evaluate

Are you confident you can now deal with patients who might be changing their blood pressure medication? If not, what are you going to do about it?

Key points

• The new Nice guideline, developed in conjunction with the British Hypertension Society, now offers a pathway for treating adults with hypertension.

The first choice of drug is:

• In patients under 55 years – A (an ACE inhibitor or, if intolerant, an angiotensin receptor blocker).

• Patients over 55 years or black: C (calcium channel blocker) or D (thiazide-type diuretic).

• If two drugs are needed – A + C or D.

• If three drugs are needed – A + C + D.

• Patients should not stop taking beta-blockers but should continue until they have their medication reviewed.

A Practical Approach...

"David, Dr Merali from the Cottage Practice is on the phone for you," says Brenda, Update Pharmacy's dispensing technician.

"Hi Mo. What can I do for you?" asks David.

"It's one of my elderly patients who gets osteoarthritis pain. She's on co-proxamol, which she finds effective, but as you know it's being withdrawn and I want to switch her to another analgesic. Any suggestions?"

"Have you tried anything else at all?" asks David.

"I've tried paracetamol at full dosage but she said it didn't work. She got gastric irritation when I tried her on ibuprofen some time ago, and that's when I started the co-proxamol. Do you have any experience with patients like her who have been switched? I was wondering about a Cox-2 inhibitor, or perhaps tramadol – isn't there a combination product with paracetamol? To be honest, she's happy on co-proxamol and they don't seem to be doing her any harm. Could I just leave her on them for now?"

Questions

1. What is the current NHS opinion on Cox-2 inhibitors and tramadol as replacements for co-proxamol?
2. What other substitute could be recommended for the patient?
3. For how much longer could Dr Merali continue to prescribe co-proxamol, if he wanted to?

CPD This article can help in the following CPD competencies: G1a, G1f, G1e, G2o, C3b. See www.tinyurl.com/194zu

New quit smoking product coming soon?

A new smoking cessation product could be coming to the UK market after it got the green light from the European drug regulator.

The European Medicines Evaluation Agency (EMEA) adopted a positive opinion on Champix (varenicline) less than three months after the drug became the first quit product to be approved for use in the USA for nearly a decade (C+D, May 20, p30). Varenicline is a partial nicotinic acetylcholine agonist designed to counter both craving and withdrawal symptoms.

Other new products to gain preliminary EMEA approval included Gardasil and Silgard – both human papillomavirus types 6, 11, 16 and 18 vaccines – and Suboxone (buprenorphine and naloxone) for opioid drug dependence. The organisation also granted positive opinions on extending the use of Lyrica (pregabalin) to treat central neuropathic pain, and allowing Remicade (infliximab) to be used as second therapy in patients with severe active Crohn's disease.

Valdoxan (agomelatine), the first in a new class of drug called melatoninergic agonists, didn't fare so well. EMEA passed a negative opinion on allowing it for the treatment of major depressive disorder, saying that a long-term study had not shown the medicine to be effective. Though a short-term trial had shown an effect, EMEA said it did not allow firm conclusions on effectiveness to be drawn.

For more information:
www.emea.eu.int

Calcium cuts pre-eclampsia risk

Calcium supplementation during pregnancy almost halves the risk of pre-eclampsia, a Cochrane Review has concluded.

Analysing data from 12 trials involving over 15,000 women, researchers found that taking at least 1g of calcium a day cut the risk of pre-eclampsia, a major cause of maternal and neonatal death worldwide. The effect was greatest for high-risk women and those with low baseline calcium intake, and maternal death and serious morbidity was also reduced.

"Calcium supplementation is a safe and relatively cheap means of reducing the risk of pre-eclampsia in women at increased risk, and women from communities with low dietary calcium," the authors conclude.

For more information:
www.tinyurl.com/r99bt

NHS failing MS patients

The NHS has been criticised for letting down patients with multiple sclerosis.

An audit of MS services, commissioned by the Royal College of Physicians and the MS Trust, says that recommendations drawn up by Nice are still not being implemented.

In 2003, Nice proposed seven changes that would improve the lives of MS sufferers, ranging from more rapid diagnosis to increased availability of specialist services.

"Current service provision is of low quality and inadequate quantity," says the report. And there appear to be few plans to make improvements, highlighting the condition's "low priority" within the NHS, it continues.

For more information:
www.tinyurl.com/rkq84

A practical approach... last week's answers

1. It is lawful to dispense a prescription from a dentist for any medicine, even if it has no connection with dentistry. However, prescribing at NHS expense may only be undertaken for NHS patients, and as Elaine cannot be her own NHS patient this could be regarded as fraud. In addition, oral contraceptives are not in the Dental Practitioners' Formulary, the list of drugs that dentists can prescribe on the NHS.
2. Supplying against a private prescription is lawful but not ethical. The codes of ethics of all health professions advise against self-prescribing, and all health professionals have an obligation to provide care only within their area of competence. If a problem arises from a self-prescribed medicine, the pharmacist who dispensed it could find him or herself subject to disciplinary action.
3. David could make an emergency supply of Elaine's contraceptive Pill. The Emergency Supply Regulations allow supply of a full course of oral contraceptives and, because it was done at the patient's request, does not require a prescription to follow. This is legitimate and ethical, and gives Elaine a month to get a prescription for more supplies.


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Save your skin

Have you ever considered how many toiletries we use every day? Research shows that on an average day, we can use as many as a dozen separate products. But how can we be sure they are good for our skin? Just as we watch what we eat and drink, should we should be watching what we put onto our skin?

There are a growing number of customers becoming 'chemical concerned'. This consumer group are making informed choices about the products they buy. For pharmacies, this group represent a real area of competitive advantage in a busy and lucrative market. Customers with sensitive skin or allergic reactions such as eczema or psoriasis are increasingly demanding products that are free from skin irritants. They are a customer group worth attracting and keeping in your pharmacy.

elave is currently the best selling dry, sensitive skincare range in Ireland's pharmacies and from this summer, it's now available in the UK through Boots The Chemist and independent pharmacies.

elave's skincare formulations have been developed with the most sensitive reactive skin in mind and is suitable for pregnant women and new born babies. All common skin irritants like soap, dye, perfume and worrying chemicals have been avoided. In fact, elave's "free from" list is so comprehensive, the range avoids all the common triggers for eczema, dermatitis and sensitive skin.

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For more details on how to stock elave and for information on introductory offers, contact:
Paul Murray's PLC on **023480 460600**
or see **www.elave.co.uk**.

elave

Nice issues advice on bipolar disorder...

Lithium, olanzapine or valproate should be considered for maintenance treatment of bipolar disorder, says new guidance issued by the National Institute for Health and Clinical Excellence.

The organisation says that the choice of drug should depend on previous response to treatments, the relative risk and known precipitants of manic versus depressive relapse, physical risk factors such as renal disease and diabetes, patient adherence to treatment, and cognitive assessment. Gender also plays a role, with Nice stating that valproate should not be prescribed for women of childbearing age.

A second agent may be introduced if the patient has frequent relapses, though close monitoring is necessary. If a combination of prophylactic agents proves unsuccessful, the patient should be referred to a specialist, or prescribed lamotrigine or carbamazepine.

While antidepressants may be prescribed for an acute despressive episode, they should not be used long-term as they are associated with an increased risk of switching to mania, says Nice.

Other aspects covered in the guidance include diagnosis and assessment, management of special patient groups, such as pregnant or breastfeeding women, children and adolescents and monitoring.

For more information:
www.nice.org.uk/CG038

...and on psoriasis

Nice has recommended that etanercept and efalizumab be considered options for patients with severe plaque psoriasis, and approved etanercept and infliximab for psoriatic arthritis.

For both conditions, the cytokine inhibitor etanercept may be offered if other treatments have not worked, or are not tolerated or appropriate. The stated "-mab" agents may be considered if the patient has not responded to, or is intolerant of, etanercept. Each treatment should be discontinued after 12 weeks if there is no measured response.

Lars Ettarp, president of the International Federation of Psoriasis Associations (IFPA) welcomed Nice's endorsement of the biologic therapies. But he also warned that cost could be an issue, saying: "National healthcare providers must now make funding for these new drugs available."

For more information:
www.nice.org.uk/TA103
www.nice.org.uk/TA104

CAM role questioned

There is little data supporting the use of complementary and alternative therapies for menopause symptoms, US researchers have said.

The authors reviewed 70 randomised controlled trials that compared an alternative medicine or therapy with placebo or control for symptoms such as hot flushes and night sweats. Examples included phytoestrogens – where only four of 15 studies showed a benefit – and black cohosh supplements. Many of the benefits reported during trials could be attributed to the placebo effect, suggested the authors.

They concluded: "Individual trials suggest a benefit for certain therapies, yet data are insufficient to recommend any complementary and alternative therapy as effective for the management of menopausal symptoms." Yet demand would continue to rise for alternative products because of safety concerns about hormone therapies, they warned, stressing that future research must take the form of large, rigorously designed trials.

For more information:
Arch Intern Med 2006; 166: 1453-65

Complementary and alternative therapies not endorsed for the menopause

In brief

Merional injections

Pharmasure has started distributing Merional (menotrophin) injections.

Available in 75iu and 150iu strengths, the product is indicated for anovulation in women who have not responded to clomifene, stimulation of multifollicular development during assisted reproductive techniques, and stimulation of spermatogenesis in men with hypogonadothrophic hypogonadism with concurrent human chorionic gonadotrophin therapy.

For more information on the intramuscular injections, see the C+D Pricelist.

Menjugate Kit

The SPC for Menjugate Kit (meningitis C vaccine) has been updated to allow concomitant administration of pneumococcal conjugate vaccine. However, the data sheet stresses that the product should not be mixed with other vaccines in the same syringe.

For more information, contact Sanofi Pasteur MSD on 01628 785291.

Feldene Dispersible

Feldene Dispersible tablets 10mg 56s and 20mg 28s (piroxicam) have been discontinued with immediate effect.

Contact Pfizer customer services on 01304 645262 for more information.

PIL group set up to help MHRA

An expert group has been set up to help the UK drug regulator improve patient information leaflets.

The Commission on Human Medicine's Expert Advisory Group on Patient Information will also advise on the best way to help the public understand the need to balance a drug's risks against its benefits, and encourage adverse drug reaction reporting via the Yellow Card Scheme. The independent body has been set up to work with the Medicines and Healthcare products Regulatory Agency.

The formation of the committee follows the requirement – which came into force last July – for pharmaceutical companies to seek views from target patient groups when developing PILs for new medicines. This obligation will be extended at the end of 2008 to encompass all existing PILs.

Patients can report any leaflets they do not understand via: www.tinyurl.com/fkta3

Breast self-exam kit launches

Breast Sense is a new breast self-examination aid to help women carry out monthly breast checks.

The pack, from Steadfast Corporation, contains a hypoallergenic, latex-free polyurethane glove which increases the sensitivity of the fingertips and reduces friction against the skin, making it easier to detect changes or irregularities, says the company.

Also included is an educational DVD, a reference guide, monthly reminder calendar and storage pouch. For each pack sold, 50p will be donated to breast cancer charities.

Price: £14.99
Pip code: 320-8089

Product info:
AAH Pharmaceuticals
Tel: 024 7643 2000

Pheromone boosts the allure of Addiction

The Addiction fragrance range for men has been relaunched supported by TV, men's press and poster advertising.

With a core target audience of 17 to 27 year olds, the fragrance comes in two variants: Addiction and the limited edition Addiction Fever, packaged in red and black livery respectively.

Addiction is described as "warm and sensual" and contains a synthetic version of the male pheromone androstenone, claimed to increase sexual attraction.

Addiction Fever, said to encapsulate the British man's addiction to, and passion for, football, has a fresh and energizing perfume. Deodorising body and anti-perspirant deodorant sprays, body wash and eau de toilette formats are available as well as three gift packs.

Price: £1.99 or £8.99 (eau de toilette); gift packs £3.99-£9.99

Product info:
Conquest Personal Care
Tel: 020 8757 5800

Lyclear's lice-licking launch

Lyclear SprayAway has been launched by Chefaro, claimed to be the first spray-on treatment for head lice in the UK.

It was developed in response to consumers' increasing demands for non-pesticide treatments, according to Chefaro.

Containing coconut, aniseed and ylang-ylang oils, an 8ml dose of the spray is said to be sufficient to give complete coverage of the hair and scalp. Other oil-based products typically require 50ml, says Chefaro, which can leave hair looking greasy and be difficult to wash out.

A registered medical device, the product pack has four treatments.

Price: £10.99/60ml
Pip code: 252-2290

Product info:
Chefaro
Tel: 01480 421808

Products in brief

Bic's summer tour

Shaver brand Bic is on tour this summer in a joint initiative with its sister company and surf board manufacturer, Bic Sport.

Hitting surfing hotspots over the summer months, the campaign is running competitions and offering samples of the triple blade shavers Bic Comfort 3 and Bic Soleil.

Lessons are open to surfing novices, with boards available on trial to the more experienced. The initiative is targeting the 16 to 35 age group.
Bic
Tel: 01895 827100
www.bicworld.com

E45 adds handwash

E45 Handwash, designed for everyday use by those with dry, sensitive skin, is now available. It is formulated with mild and effective cleansing ingredients to remove bacteria and leave hands smooth and soft, says the manufacturer.

The hypoallergenic handwash is soap-free so will not dry the skin as some bar soaps can, the company adds.
Price: £2.99/200ml
Pip code: 323-0281
Reckitt Benckiser
Tel: 01793 732000

Curvy look for Impulse

Impulse body spray has been redesigned and extended with the addition of a new fragrance. Cans have been given a "sexy new curve," says manufacturer Unilever, to boost on-shelf standout.

The new fragrance, Tease, is being supported by a £4.2 million promotional push including TV, press, in-store and phone box advertising.

With 70 per cent of females not using female body fragrance, Unilever believes there is great potential for market growth in this £53.7m market.
Price: £2.19/75ml
Pip code: 319-3257
Unilever
Tel: 020 8439 6100

Singer's scent

The Celine Dion parfum range from Coty is being expanded with the launch of Enchanting.

Available from September 1, the eau de toilette is supplied in a tall bottle, said to be reminiscent of a flowing evening gown.
Price: £14.95/30ml; £19.95/50ml
Coty
Tel: 01233 656233

Products advertised on TV next week

Bio-Oil: All areas except CTV, LWT, CAR, GMTV, Sat
Bisodol: C4
Daktarin Dual Action: Sat
Elastoplast Spray Plaster: STV, Y, HTV, M, LWT, CAR
Huggies Little Walkers and **Little Swimmers:** All areas
Just for Men: All areas
Kool'n'Soothe Kids and **Kool'n'Soothe Migraine:** GMTV
Lamisil Once: All areas except GMTV
Listerine Advanced Tartar Contol Mouthwash: All areas
OdorEaters: All areas
Seabond: All areas
TCP Spray Plaster: All areas
TENA Lady Mini Magic & TENA pants: All areas
Vagisil: All areas
Wartner Wart & Verruca remover: G, Y, C, M, CAR, Sat
PharmaSite for next week: Bazuka – Windows, **Bazuka** – In-store, **Pepto-Bismol** – Dispensary
Pharmacy channel: Solpadeine and Dtecta

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Business indicators

Sales, prices and employment rose in June, but so did the number of unemployed. Peter Varley reports

Retail sales

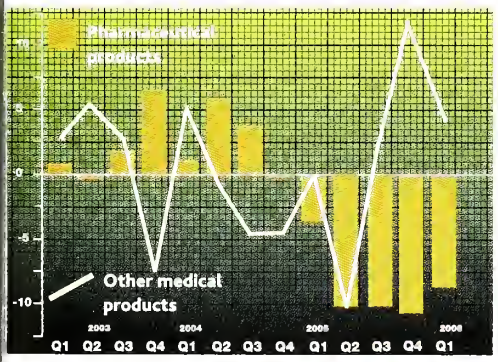
Chemists' sales volumes rebounded in the year to June, according to a new business survey, and retail sales overall grew at the fastest pace since the end of 2004. Consumer confidence is also strengthening, but this was probably temporary after early British success in the World Cup.

Manufacturers' outlays on cosmetic, toiletry and pharmaceutical advertising fell annually by 3 per cent in April and May combined, reports Nielsen Media Research. But retail sales grew for the third month running in June with a net 9 per cent of retailers reporting higher volumes than in June last year, according to a CBI survey. The figure indicates the fastest growth since December 2004 and a similar expansion is expected in July.

Retail pharmacists' sales improved sharply, with a net 27 per cent of businesses reporting annual volume improvements. In May, 25 per cent of firms reported a year-on-year downturn. The British Retail Consortium says good weather boosted demand for suncare, skincare, footcare and hayfever products. Holiday purchasing increased sales of medicines and travel accessories, and cosmetics and fragrances stayed in strong demand.

Consumer confidence improved marginally in June and is now only slightly lower than in the same month last year, says GfK NOP in a survey for the European Commission.

Consumer spending

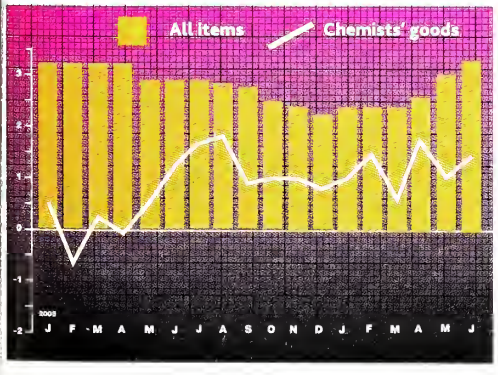


Demand for pharmaceutical products fell quite sharply in the first quarter of 2006 compared with a year earlier, although UK output is now higher than a year ago. The annual increase in spending on other medical products slowed in the first quarter, but total consumer outlays were slightly higher than at the same time in 2005.

Consumers spent an officially estimated 8.7 per cent less on pharmaceutical products, at current prices, in the first quarter of 2006, than a year before. Seasonally adjusted volumes were down 8.3 per cent. The value of spending on medical products such as bandages and plasters rose by 4 per cent annually in the first quarter, and by 4.2 per cent in volume. Total household spending grew in volume by 0.3 per cent, seasonally adjusted, on the previous quarter, and by 1.5 per cent annually.

Demand for vitamins and mineral supplements is forecast to grow by only 2 per cent in value between 2005 and 2010, although Market and Business Development expects volume growth to remain strong. Annual growth in complementary and alternative medicines is forecast at 2 to 4 per cent. UK production of pharmaceutical products fell 2 per cent in the three months to May but was up nearly 3 per cent on a year earlier. Output of perfumes and toiletries fell 1 per cent in the latest three months but rose 2 per cent annually.

Retail prices



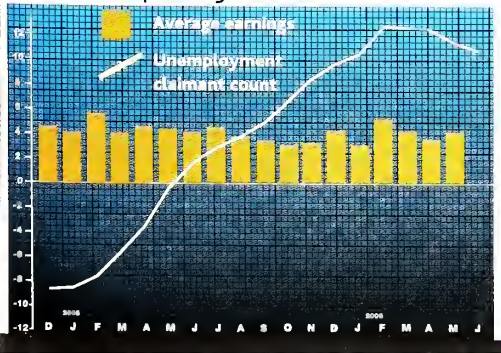
The price of retail chemists' goods strengthened in the year to June by less than 1.5 per cent, but overall growth in high street prices almost reached 3.5 per cent. Annual factory gate prices of pharmaceuticals held firm, but perfumes and toilet preparation prices grew by about 3 per cent.

Shop prices monitored by the British Retail Consortium were 0.2 per cent lower overall in the year to June, but 0.2 per cent higher on the month – driven purely by increases in food prices.

Official headline retail price inflation, which includes housing costs and is the benchmark for calculating wage claims, rose to 3.3 per cent in June from 3.0 per cent in May, while the government's preferred measure, the consumer price index, rose from 2.2 per cent to 2.5 per cent.

The retail price index of chemists' goods fell by 0.1 per cent in June, but rose to an annual rate of 1.4 per cent, from 1.1 per cent in May. UK makers' prices of pharmaceutical preparations were unchanged in the year to June, officials estimate, after a rise of 0.3 per cent in May. Perfumes and toiletries rose 3.2 per cent annually. Prices of lip and eye make-up rose 0.5 per cent annually, and dental hygiene preparation prices rose 2.3 per cent. Shaving preparation and deodorant prices fell 0.3 per cent, but prices of imported pharmaceutical and medicinal products rose 0.5 per cent annually.

Earnings and unemployment



Growth in earnings cooled in the three months to May, but unemployment was at its highest in six years, with the number of people claiming the jobseekers' allowance up by 5,900 in June, to 93,000 higher than a year ago. But the number of people in work is also up by 223,000 on the year.

Average earnings, including bonuses, were 4.1 per cent higher in the three months to May than a year earlier, down from 4.4 per cent in April. Although higher than expected, the figure indicates fairly benign inflationary pressures. During the month of May, earnings in the retail trade rose 3.3 per cent annually. But unemployment continued its upward trend and hit a six-year high, with 1.65 million people classed as unemployed in the three months to May. The number claiming unemployment benefit rose by 5,900 in June, to 956,600. In contrast, the Recruitment & Employment Confederation says June demand for staff increased at the strongest rate for 18 months, suggesting the labour market is quite strong.

Sharply revised official figures show the economy grew more strongly in the first quarter 2006 – and in every year since 2001 – than previously thought, indicating there is less sla[illegible] the economy than was assumed. However, Bank of England left interes[illegible] rates unchang[illegible] July, for the 11th successive month.

Eye-catching development

The POM to P switch of chloramphenicol eye drops has been hailed as an all-round success

Sarah Purcell

Last summer pharmacists were finally granted their wish, after many years of asking and waiting, and were rewarded with the POM to P switch of chloramphenicol eye drops for the treatment of infective conjunctivitis. It was certainly a long time coming and arguably one of the most requested POM to P switches, but was it worth the wait?

The background

Chloramphenicol 0.5 per cent eye drops became a pharmacy medicine last June, with the first products on sale in the summer. It's licensed for the treatment of acute bacterial conjunctivitis in adults and children over two years. The switch was backed by pharmacists, industry and pharmaceutical organisations as well as GPs. While there was some initial negative reaction from optometrists there have been no further concerns raised since the switch was made.

Applause from pharmacy

"We know that our members are very pleased the switch was made as it was top of their POM to P list for some time. They were frustrated at having to refer patients to their GP for a condition they could easily diagnose and treat themselves," says Ruth Wakeman at the National Pharmaceutical Association.

At AAH Pharmaceuticals, pharmacist and professional services manager Ajit Mali agrees: "It was so frustrating seeing patients coming in with blatant conjunctivitis, knowing you had a stock of drops in the fridge to treat it, but having to either send them away to their GP or give them another treatment which you knew wouldn't properly clear it. The switch increases the clinical role of pharmacists and enables them to really make a difference."

He says the feedback from GPs has been very positive too. "It's lessened their workload so they can deal with more urgent and serious cases. Pharmacists are very well equipped to deal with minor ailments."

The switch increased the clinical role of the pharmacists and enables them to really make a difference

Your customers can be clear to hear...

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EAR DROPS

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Dual action
to help remove hardened ear wax

Reduces the need for syringing

Easy squeeze bottle

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...with the No 1 selling ear wax treatment*.

Clinically proven to reduce the need for syringing.

With its high profile 'Be clear to hear' national TV campaign running throughout the year, the demand for Otex will be high. Stock up now - so your customers can be clear to hear.

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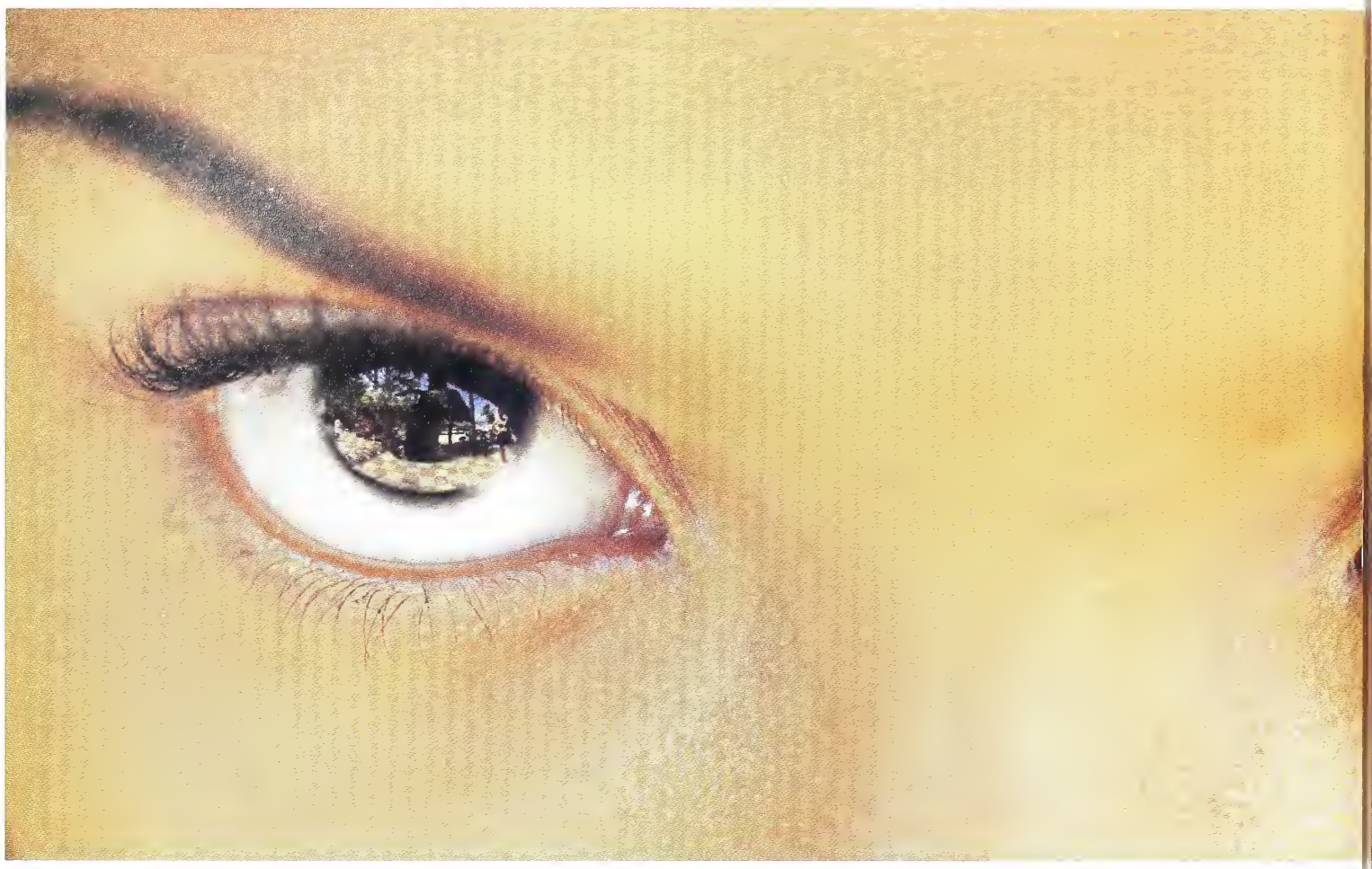
OTEX Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts. WD18 7JJ.
Indications: An aid in the removal of hardened ear wax. **Directions:** For adults, children and the elderly: Instill up to 5 drops into the ear. Retain drops in ear for several minutes and then drain away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required. **Contraindications:** Do not use if the eardrum is known or suspected to be damaged, in cases of discharge from the ear or if there is, or has been, any other ear disorder. Do not use after ill-advised attempts to dislodge wax using fingernails, cotton buds or similar implements, or within 2 to 3 days of surgery. Do not use where there is a history of ear problems, unless under close medical supervision. Do not use if sensitive to any of the ingredients. Do not use at the same time as anything else in the ear. **Precautions:** Keep away from the eyes. For external use only. Replace cap after use, and return bottle to carton. **Side-effects:** Due to the release of oxygen, patients may experience a mild, temporary effervescence in the ear. Stop usage if irritation or pain occurs. Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness and tinnitus. Very rarely, unpleasant taste has been reported. If patients encounter any of these problems, or if their symptoms persist or worsen, they should discontinue treatment and



Matt Fallows, senior brand manager for Optrex – the first OTC chloramphenicol product available – says all the pharmacists they spoke to have been very positive about the switch. "The feeling was that as long as good training was given, there wouldn't be any problems."

At Galpharm International, director of research and development Richard Eggleston said: "The application was supported by many GPs and opticians as well as pharmacists. Optometrists were a bit negative, but this wasn't based on pharmaceutical or clinical evidence. Chloramphenicol eye drops have a good safety profile, which makes them suitable for an OTC medicine."

Community pharmacist Graham Philips calls it one of the most popular switches ever – "It's enabled us to treat the condition promptly and freed up a lot of GP time too."

Diagnosis and over-use concerns

"Pharmacists have always had to diagnose between allergic and infective conjunctivitis because of the low-dose eye drops, so checking danger signs is not [illegible] new for them," believes Ms Wakeman. "And there is clear guidance that all soft contact lens wearers presenting with eye symptoms should be referred to their GP because of the increased possibility of a more serious infection."

Mr Mali admits that while pharmacists can't take a sample for testing, the treatment is very safe. "In children bacterial conjunctivitis tends to be more common than viral. However, if it is viral then treating it with drops won't do any harm As long as the dose isn't exceeded there is no danger to patients."

Mr Eggleston says the switch has a major advantage for patients: they get seen by a health professional sooner. "And treating conjunctivitis reduces the risk of cross-infection because it clears it up more quickly. I think it's a common misconception that wider availability will lead to increased usage. The truth is that many people take medicines with little thought when they're supplied on the NHS. Once you ask people to pay they will question whether they really need it, especially for a self-limiting condition."

Marvyn Elton, an optometrist and pharmacist, says that many optometrists would argue all patients should have their eyes examined first. "However, as long as pharmacists are aware that wearing soft contact lenses is associated with a higher risk of a more serious infection, then it shouldn't pose a problem. But it's important to refer any patient who has a painful eye, whether they wear lenses or not."

Teething problems

Chloramphenicol needs to be refrigerated, and this did cause initial problems for some pharmacists.

"They are a bit more complicated to store and harder to merchandise because they're kept in the fridge. I think some innovation is needed to merchandise them better," says Mr Philips. "And while I'm very happy with the switch, I have been disappointed with the lack of interest on the part of manufacturers in forging long-term relationships with pharmacists once the initial training has been given. I think an added-value relationship is so important with POM to P switches."

At Galpharm, sales and marketing director Shane Bryne says there have been some issues with space in pharmacies: "However, we have an application with the MHRA to switch chloramphenicol ointment from POM to P, which we're hoping will

The truth is that many people take medicines with little thought when they're supplied on the NHS. Once you ask people to pay they will question whether they really need it, especially for a self-limiting condition

happen in the next 12 to 18 months. The advantage with the ointment is that it contains no preservative, so doesn't need refrigerating, and also lessens the risk of an allergic reaction. It's also easier to use than drops."

The age limit of two years was an issue that many thought should be addressed. "I think 12 months would make a more sensible, acceptable age limit for the eye drops," says Mr Elton.

Do we need eye drops?

Research published in the Lancet just before the chloramphenicol switch questioned whether the antibiotic drops were needed for most children with conjunctivitis, and that using them only speeded up the cure by around half a day. "We've always known that most cases of conjunctivitis are self-limiting, but treating it does help it clear up faster. Most nurseries and schools don't accept children with conjunctivitis because it's so contagious, so treating it early will reduce the risk of transmission," says Ms Wakeman.

Pharmacy credibility

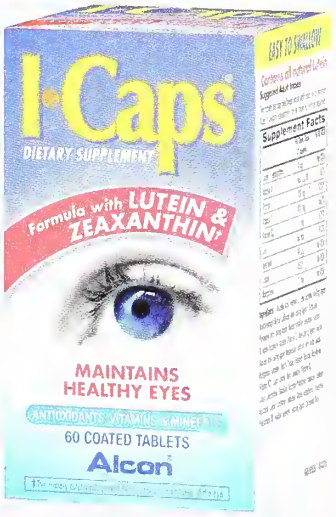
The switch has done much to increase the reputation of the pharmacist as an expert in minor ailments and the first port of call for eyecare. "There has been a cultural shift over the past 10 years towards the pharmacy for minor ailments. The pressure to get an appointment with a GP is getting worse and eye infections aren't something that can wait. At weekends especially we find that many people are coming to their pharmacist to get eye infections treated, now that many GPs don't have weekend surgeries. Now the public can go to their pharmacy to get it dealt with quickly – this can only endorse the reputation of the pharmacist as a healthcare advisor."

Eye and ear care product news

A roundup of market developments and launches, plus recent health research

An eye on health

Icaps is a nutritional supplement to promote healthy sight, recommended by opticians and ophthalmologists. The tablets contain lutein and zeaxanthin, nutrients which naturally occur in the macula and help to protect the eye by reducing oxidative stress and absorbing damaging blue light. ICaps also contains zinc, which is important for healthy eyes.



Alcon Laboratories, tel: 01442 341234

Selecting sunglasses

Here are some top tips from FosterGrant to pass on to your customers when choosing sunglasses:

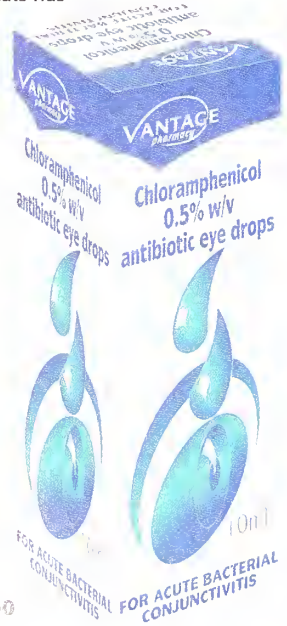
- Look for the British Standard EN 1836: 1997 and the CE mark, which ensures sunglasses give UVA and UVB protection. Also look out for UV400 lenses.
- Grey and brown tinted lenses are most popular but yellow, orange and amber lenses are good for sport and driving as they work well in low light and increase contrast.
- Filter categories denote the level of light that travels through the lens and does not affect UV protection. A light coloured lens is category 0 or one, medium tint two and dark tint three. Very dark is tint four – these are not recommended for driving.
- Polycarbonate lenses are lightweight yet strong, so good for sports. Polarised lenses eliminate glare from water or shiny surfaces, so good for driving and sports. Acrylic lenses are lighter and more scratch resistant than glass, so more comfortable to wear.

FosterGrant's summer collection of leisure and sports sunglasses has something to suit every budget and occasion. The designs include retro styles, sporty wraps, big plastics and bright colours. Prices range from £6.99 to £30. To see the collection visit www.fostergrant.co.uk

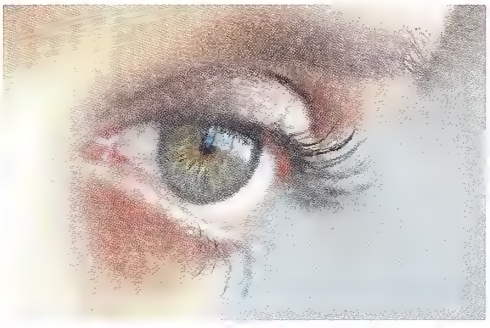
AAi FosterGrant, tel: 01782 577055

AAH offers chloramphenicol

AAH Pharmaceuticals has added Vantage chloramphenicol 0.5% antibiotic eye drops to its own-label range. Pharmacists are offered free training booklets and point of sale material to promote the antibiotic eye drops. It is supplied in packs of 12 10ml bottles, with an rrp of £3.89.



AAH Pharmaceuticals, tel: 02476 432836
LAB, tel: 020 8660 2252



Contact lens solutions

- Multipurpose: £80m – up 6.7 per cent since 2003.
- One-step peroxide: £15m – down 6.3 per cent.
- Two-step: £8m – down 27.3 per cent.
- Saline: £8m – down 11.1 per cent.
- Other: £6m

(Source: Optical goods & eyecare, Mintel Apr 06)

"As the market for contact lenses continues to shift towards daily-wear lenses, there is continuing downward pressure on demand for solutions and the long-term prospects are for further decline," say Mintel.

Easing eye discomfort

Murine eye drops contain naphazoline hydrochloride to reduce irritation and redness caused by swimming, smoky atmospheres, air conditioning and dust. It should not be used while wearing contact lenses, but lenses can be put back in 15 minutes after use.

Ceuta Healthcare, tel: 01202 780558

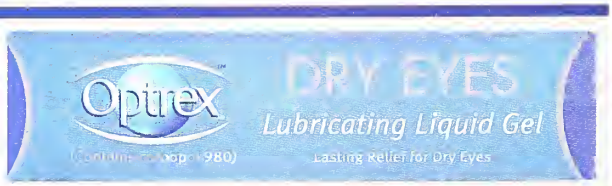
Not a dry eye in the house

Reckitt Benckiser is extending the Optrex range with the launch of two products in the dry eye sector. Optrex Dry Eyes Lubricating Eye Drops and Dry Eyes Lubricating Liquid Gel are designed to give relief from dry feeling eyes caused by situations such as computer use, extended contact lens wear and ageing.

The drops contain sodium hyaluronate to restore the eye's natural moisture balance, which is claimed to last seven times longer than hypromellose. The drops also contain a preservative system that enables them to be used while wearing contact lenses.

The gel is designed to relieve discomfort causes by dry eyes. It contains carbopol and forms a protective film over the surface of the eye.

The launch is being supported with a £3 million Optrex brand package, including point of sale material, consumer leaflets and accredited eye care training. There will also be a TV campaign.



Reckitt Benckiser, tel: 01482 326151

Number one for efficacy

A survey by Cerumol on over 2,000 practice nurses found they see at least one patient a day with ear wax problems and, of those, 75 per cent will ultimately need their ears syringed. In 96 per cent of cases, nurses recommended the use of a solvent before further treatment. The brand they recommended most often was Cerumol, which they rated as number one for efficacy.

LAB, tel: 020 8800 2252

Waxing lyrical about pharmacy

Up to two million people seek expert advice on treatment for excessive ear wax, says the maker of Otex ear drops, Dendron. First time sufferers tend to see their GP, but after that usually self-treat with OTC products. "Our research shows most people who suffer regularly from the build up of ear wax rely on expert advice from their pharmacist," says brand manager Gail Bunn. Otex drops contain urea hydrogen to soften ear wax and break it up into smaller flakes.

Dendron, tel: 01923 229251

Raising the profile of hearing aids

Three quarters of adults with hearing loss never obtain a hearing aid and those who do put up with poor hearing for up to 15 years before they seek help. The charity Deafness Research is trying to encourage people with hearing loss to seek help and stress that those who use hearing aids earlier get more benefits from them.

David Reid at Deafness Research believes health professionals, including pharmacists, could do more to help. "If customers have trouble hearing what you say or their partner has complained about having to raise their voice all the time you could tactfully suggest they see their GP. If there is a problem they can then be quickly referred to an audiologist."

Research carried out at the University of Wales found that people between 50 and 65 fitted with a hearing aid are more satisfied with the benefits than those in their 70s, who've lived with declining hearing for several years. "What people don't realise is that, thanks to digital technology, hearing aids are much more effective than they used to be, especially so if they are fitted early. This is because the longer the brain is deprived of sound stimulation, the harder it finds it to relearn the sounds generated by a hearing aid," says Vivienne Michael at Deafness Research.

The charity has a new leaflet to help people recognise the early signs of hearing loss and gives advice on what they can do about it. Called 'Help for your hearing loss', it's available by calling 020 7679 8970 or emailing info@deafnessresearch.org.uk

Patients are doing if for themselves with award-winning dispenser

Opticare eye drop dispenser has been awarded the Johnson & Johnson Best New Medical Device award. The dispenser, which is the only one available on prescription, was designed initially for the elderly, but can be used by anyone who finds administering eye drops difficult.

In the UK 1.5 million patients rely on daily eye medication to treat diseases including glaucoma and dry eye or following cataract surgery. Many of these have conditions such as arthritis, which make putting in eye drops difficult. The Opticare dispenser enables patients to instill their own eye drops and not rely on carers or nurses.

Cameron Graham Ltd, tel: 01484 667822

Promotion

Alcon Laboratories: World Leaders in Eye Care

C+D BRAND FOCUS

Product Range Available from Alcon Laboratories

Alcon Laboratories, the world's largest eyecare company, offers a wide range of products for pharmacy distribution. The **Alcon** range includes **ICaps**® (dietary supplement for healthy eyes), **Systane**® Lubricating Eye Drops (for dry feeling eyes), **Alomide**® Allergy Eye Drops (Lodoxamide 0.1%w/v), **Supranettes**™ (eye cleansing wipes) and **Opti-Free**® **Express**® (contact lens solution) and **Clens 100**® **Drops** (rewetting agent for contact lenses).

ICaps is a dietary supplement for maintaining healthy eyes. **ICaps** is a specialised formula of high potency antioxidants, vitamins and minerals which are important to vision and eye health. **ICaps** contains Lutein and Zeaxanthin. These carotenoids are concentrated in the macula (the area of the eye where the incoming rays of light are focused) and help to protect the eye by reducing oxidative stress and absorbing damaging blue light. Research has shown they may have a positive effect on the macula and ocular health, particularly in the over 40s. **ICaps** is UK ophthalmologists' most frequently recommended supplement and comes in an easy to swallow tablet. RRP £9.95.

Systane Lubricating Eye Drops offer unique protection for immediate comfort and long lasting relief from dry feeling eyes particularly morning and end of day dryness. They have a highly developed formulation containing a unique polymer system so that upon contact with the tears, the liquid eye drop turns into a thin protective gel layer. The gel-like barrier stays on the ocular surface longer, providing fast and long lasting relief. Available in a multi-dose bottle and new preservative-free single dose vials. RRP £6.50.

Alomide Allergy Eye Drops are designed to treat the ocular signs and symptoms of allergic conjunctivitis, including hayfever eyes, and results in reduced itching, tearing and discomfort for sufferers. The ingredient used in Alomide is Lodoxamide. Always read the leaflet. RRP £4.09.

Supranettes are sterile disposable eye wipes, specially designed for the hygiene and care of eyelids and eyelashes. Supranettes contain natural ingredients with a gentle cleansing action and are suitable for adults, children and babies. Supranettes are wiped over the eyes to remove debris, eg. crustiness. They come in individually sealed strips of two sachets for ease of use. RRP £3.95 for 20 sachets.

Opti-Free Express multi-purpose disinfecting solution is the only no rub solution with a formulation clinically proven to provide end of day comfort with all soft contact lenses including Silicone Hydrogels. This is because of superior disinfection, compatibility and wettability. Opti-Free Express has a triple action cleaning system which removes proteins and lipids, protects against new protein build-up and kills bacteria, fungi, and acanthamoeba (both cysts and trophs). This is important because the right solution is a key factor in improving the lens wearing experience for patients. RRP 1 x 355ml – £10.45.

Clens 100® **Drops** are clinically proven to lock in moisture and fight protein build up to keep lenses comfortable for longer. The drops are applied during contact lens wear and are suitable for all soft and RGP contact lenses. Most contact lens wearers suffer from discomfort mainly caused by lens dehydration and protein build-up of dirt and debris. Problems may worsen when lenses are worn for long periods.

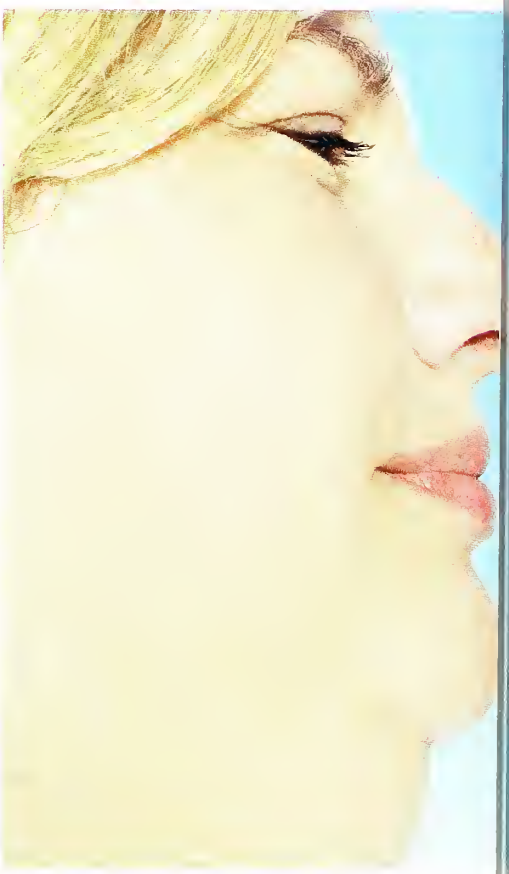
Clens 100 Lens Drops uses a wetting agent, TETRONIC 1304, which rehydrates the lens and RLM 100 which emulsifies protein, replenishing the lens. The drops rewet and refresh the lenses as well as prevent protein build-up meaning they always feel comfortable. RRP £5.49.

For more information about any of the products in the **Alcon** range please call **0800 092 4567**

C+D looks at two public health issues – weight loss and smoking

Downsize me

An insider's view on running a community pharmacy weight loss clinic



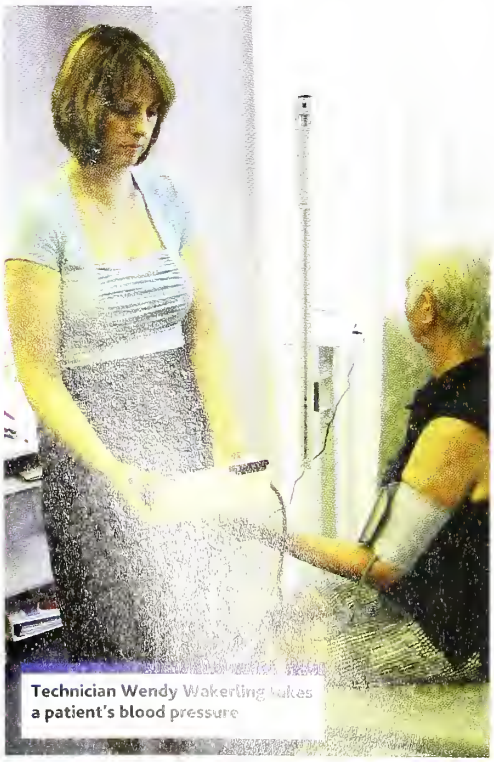
Roger King MRPharmS

It seems at times that everyone is on a diet. Women's magazines (I'm told) for the months leading up to summer have been promoting their 'get slim for summer' diets and even certain breakfast cereal brands are getting in on the act.

So, in among all this, where could a community pharmacy programme fit in? Organisations such as Weight Watchers provide a good service to people who sign up with them. However, while they provide ample motivation from the 'feel good, look good factor', they do not have the healthcare expertise to feature the disease aspect strongly enough.

The motivation to sign up is often the desire to drop a dress size and this is not good enough if we are to tackle obesity as a medical problem. GPs will advise their patients to lose weight, but the logistics of actually running regular clinics on top of their already tight schedules and full workloads are next to impossible.

Community pharmacies are ideally placed to target GPs' obese patients and also members of the public who are overweight but not consulting a doctor. So we decided to design and create a service unique to community pharmacy. At this point I must acknowledge the great enthusiasm of my staff for the project and the work they have put in to ensure the project was successful. In fact the service is now provided almost exclusively by my technicians, one male and one female, who take the male and female clients respectively. Yes we do have male clients! My role is now of consultant and I do most of the blood tests, coming in to interpret tests the technicians perform. There is no way we could have undertaken the programme without this support.



Technician Wendy Wakerling takes a patient's blood pressure

CPD This article can help in the following competencies for CPD: G1d; G11; G1q; G1w; C1f; C2a; C2b; C2c. See www.tinyurl.com/194zu

Past experiences

Before undertaking this project I had already carried out work in relation to obesity firstly with the PSNC pilot on coronary heart disease and secondly visiting the local primary school. Both these scenarios had shown positive benefits and therefore I decided to look at the problem in the adult community.

There are plenty of statistics available from a number of sources showing the alarming trends in obesity in the population and the subsequent medical complications. In spite of the massive publicity given to the problem, there is a great deal of work to be done in educating and supporting the public if there is to be any change in the way in which people eat. Basically obesity is caused by consuming more energy than the body needs to fulfil its daily functions but to get this message across and to educate people into changing their lifestyles is no easy task. I decided we ought to see if there was a niche role community pharmacy could play in weight management; one that was significantly different from any other provider, but would fit in with the aims of PCTs and GPs. I soon realised it would be impossible to obtain funding from within the NHS since, although obesity seems high on the government agenda, nobody actually wants to pay for a management programme. I am a firm believer that if people pay for goods or services they are more likely to use them properly and therefore decided to try launching a programme incurring charges for users. After all, Weight Watchers and similar organisations have been doing this for years and are still going strong. I believed we would soon find out if the programme was viable.

We have also had support from the local GP practice and the PCT is watching our progress. The GPs have said they will consider referrals and accept referrals from us for prescribing fat-reducing medication if all else fails.

In order to design a service, it is essential to consider the needs of all the stakeholders. The proposed users need motivation, education (including the medical effects of obesity, screening for hypertension, diabetes and hyperlipidaemia), advice on lifestyle, a medication review if appropriate and crucially one-to-one support during what can be a very difficult time. All of these can be available within a community pharmacy. GPs need support in following up their patients who need to lose weight and PCTs need to demonstrate they are meeting their public health targets.

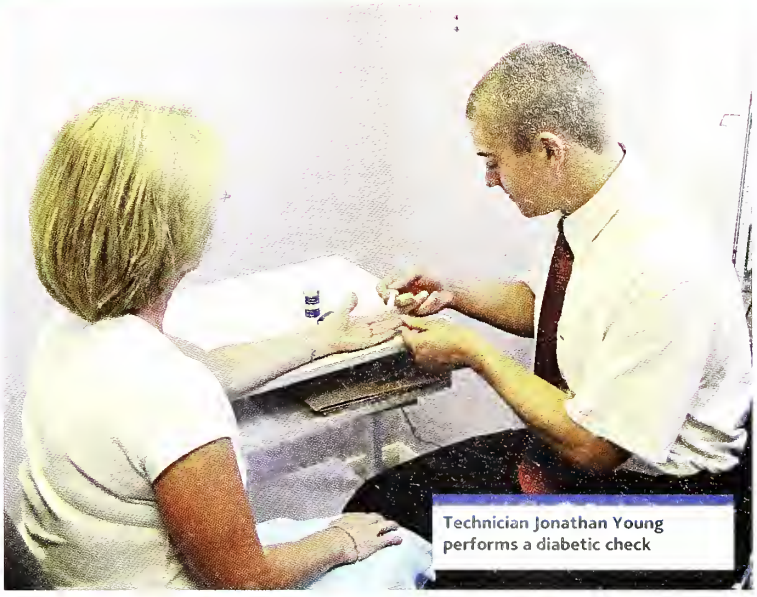
> We deliberately have not recommended diets or dieting, but rather eating sensibly and modification of lifestyles

Industrial support

I felt we should try to obtain funding for the very necessary staff training and the launch of the project. Starting with the certainty we would not receive NHS funding, we looked at alternative sources – starting with the industry – and were successful in obtaining support from Roche Pharmaceuticals. The company has expert trainers and the local one immediately offered support. This involved training, some finance and the provision of leaflets and other documents for users. They gave me a CD-Rom containing an excellent selection of very professional looking leaflets, which we can print out as appropriate for clients, in addition to booklets, tape measures etc.

We then looked at the needs of the potential users of the service and addressed them as follows:

- Motivation – we decided on a free and widely advertised meeting to try to entice all potential users. We prepared and distributed colourful flyers and put up posters to advertise the meeting in the



Technician Jonathan Young performs a diabetic check

Roger King prepares for a lipid profile test

pharmacy and the local GP surgery. The emphasis was on the need to lose weight for medical benefits and not just for the sake of looking good, although this was not discounted.

• Education – our sponsors arranged a professionally produced powerpoint presentation. It was originally intended for an audience of healthcare professionals, but we were able to modify it for a lay audience. It pulls no punches and shows the increasing trend towards national obesity besides well documented links to other disease states.

• Attendees were then invited to volunteer for the programme.

• Support – the programme was designed to give the maximum support we could conceive on a one-to-one basis. The first and most expensive interview allowed for the provision of all suitable dietary documents together with an in-depth interview as to why the client wanted to lose weight and what problems they may have encountered previously. In addition to measuring height and weight to calculate body mass index we decided to measure waist circumference, blood pressure, peak flow if appropriate, and perform a free test for blood glucose. There is an added extra of a heavily subsidised lipid screen and heart risk assessment thanks to the generosity of Point of Care Services Ltd.

• Follow-up sessions are conducted on a two-week cycle, as this has been demonstrated to have maximum impact. The emphasis will be on making small changes.

• A medication review can be conducted on the first interview if appropriate and we are looking at the possibility of prescribing weight reducing drugs under a PGD.

• The local GP practice is right behind the programme and has agreed to refer suitable patients. Members of the practice staff have also become involved.

• The PCT is watching with interest.

The 35 who walked in from the cold

So how are we progressing? On a bitterly cold night in November no fewer than 35 people braved the elements and turned up at the local school hall for the launch. I used the Roche powerpoint presentation, which I had been allowed to modify to suit this audience, and the impact was instantly noticeable. The trainer from Roche also attended, but simply to support us and not to take an active part. We had plenty of questions, which we managed to field. Before the event we had been approached by a lady who runs aerobic classes locally and we allowed her to promote her services.

At the end of the presentation, nine people signed up immediately and a further two signed up the next morning. This was an ideal number for us to start with, because we had to learn as we went along. We are now up to 20 participants due to word-of-mouth publicity. This may not sound like a great number, but we are situated in a rural village with a relatively small catchment and it is far easier for us to manage if numbers grow slowly. We have received some GP referrals and I have recently learnt that patients are actually telling the GPs how good the service is!

So how have our clients progressed? We have only had one person make an initial appointment and fail to turn up, which is quite remarkable. All the others attend regularly and some are up to their fifth session. All but one (who may be a candidate for orlistat) are steadily making progress, in small steps, and are encouraged by the support we give. One may have a fluid retention problem and will be referred to a GP. Most had a blood glucose test and were found to be in the normal range. One was asked to return for a fasting level test, which proved satisfactory. Several have opted for a lipid profile and while none showed severe hyperlipidaemia, all had room for improvement, with poor HDL readings. This has proved to be a useful tool with which to encourage clients as it should be possible to demonstrate improvements in a few months if they stick to the management plan. More than one proved to borderline hypertensive and all could do with some improvement. These 'silent' disease states, once exposed, are good motivators. I am pleased that so far we have found nobody who needs urgent medical intervention as all clients should be able to improve their health through lifestyle changes.

Seasonal fluctuations

All our clients put on a little weight over Christmas. This was not a problem as it demonstrated the message that extra food with extra exercise means weight gain. However, they all said they usually put on more weight than they had done this time. All our clients have set themselves targets – encouraged by us to be realistic and to be met steadily – and propose to use the service until they reach them. ▶

Success matters

Has the programme been a success so far and would I recommend a similar programme to other pharmacists? So far it has been successful and hopefully will continue. From the outset we have stressed we did not want clients to try and lose a lot of weight suddenly but to lose a little regularly. We have deliberately not recommended diets or dieting, but rather eating sensibly and modification of lifestyles. We have had access to expertly written and user-friendly literature which we have used with success.

One anecdote is worth mentioning concerning regular exercise. One female client said she loved walking, but was apprehensive of walking country lanes alone. She asked us to give her name to any other like minded clients and has set up a walking group as a result. We wished we had thought of that!

One small mistake we made was allowing too long for consultations and perhaps should have charged more for follow-ups. It is difficult to cut short a consultation when the client is genuinely asking for help. My technician says that sometimes it's like being in a confessional when all the sins of overindulgence come out! It has definitely been a worthwhile exercise and one I would recommend but only with the support of enthusiastic staff, expert training and support.

Technician Wendy Wakerling weighs a patient

Measures of success

So assuming the programme continues to be successful, how can its success be attributed? There are several factors, of which the most important are:

- Sympathetic support and encouragement in one-to-one sessions.
- All sessions conducted in a professional and confidential environment.
- Trained staff able to display confidence.
- Holistic approach to obesity and related disease states.
- Regular attendance by clients.
- Access to patient medication records.
- Availability of quickly determined clinical measurements.
- Easy access and ease of appointment booking.

A world view on NRT

An inside view of the 13th World Conference on Tobacco or Health from someone who was both a delegate and a speaker

Dr Terry Maguire

In the air-conditioned comfort of the Washington Convention Centre, out of the sweltering heat and unbearable humidity, delegates addressed the conference theme of "building capacity for a tobacco-free world".

Much has changed since the Helsinki WCOTH of 2003. At that time the landmark World Health Organization Framework Convention on Tobacco Control (FCTC) was in the final stages of negotiation. Since then the convention has been ratified and more than 120 countries have signed up. Ironically, the conference host country, the USA, remains one of 23 yet to sign up.

The FCTC paves the way for a comprehensive, global approach to reducing disease, suffering and death caused by tobacco use. For example, the FCTC has led to a number of countries already implementing a smoking ban in public places. A ban exists in Scotland and Ireland; a British Isles-wide ban will be in place by 2008.

The 13th WCOTH, which took place from July 12 to 17, provided a platform to discuss progress of such initiatives and offered an opportunity to pay homage to those who gave so much professionally and personally in the fight against the tobacco industry. Ireland was awarded the Luther Terry Award for Exemplary Leadership in Tobacco Control for its efforts in putting in place a public places smoking ban.

This year, as in previous conferences, strong political views were evident and many delegates – those with sufficient high-factor sunscreen and wide-brimmed hats – marched on Capitol Hill carrying coffins draped in their national flags; their aim to get the USA to sign up to the FCTC. With Mr Bush in St Petersberg and most senators on holiday it might be some time before the protesters see the fruits of their efforts.

There was little discussion of uni-professional initiatives at the conference, with most sessions taking a generic approach to tobacco control; from advocacy against the tobacco industry, to national policy development, to stopping children starting to smoke, to supporting smokers to stop.

This report considers two conference sessions of interest to community pharmacists.

Regulating nicotine replacement therapy to advance public health

Anne McNeill, UK, provided an overview of the lobbying that led to the Committee on Safety of Medicines setting up a working group on NRT. There were inconsistencies in the SPCs for NRT products and warnings and contraindication created confusion for the public and healthcare professionals, she said. More importantly, she felt, there was a conflict between government policy on smoking and public health where access to smoking cessation support was to be increased for adolescents and in pregnancy and breastfeeding.

Robert West, director of Tobacco Studies, Cancer Research UK at UCL, felt there was a misunderstanding on the reasons for the UK SPC changes. It was not now policy that pregnant and breastfeeding women, patients with CVD and all adolescents should use these products. The principle was to allow these groups to do so if they wished while appreciating that risks still exists. However, these risks were minimal when compared to continued smoking.

As vice-chairman of PharmacyHealthLink UK, I gave an overview of the process by which the CSM recommended significant changes to NRT SPCs. This was a challenging task for the CSM and MHRA. The comparator for the initial licensing of NRT products was placebo vs NRT. However, it would have been more appropriate if the comparator had been smoking, since that was the public health problem.

The reduction in warnings and contraindications reflect this. However, I suggested that if pharmaceutical companies wished for a regulatory level playing field with the tobacco industry then they needed to rethink current policies. They would then be moving into recreational use of nicotine (harm reduction) and away from cessation.

The CSM working group, which I chaired, did not recommend a harm reduction indication for NRT products since there was no good evidence to support it.

Access to NRT

A breakfast session, "A decade of progress; a century of hope", was sponsored by GSK and considered current use of smoking aids, particularly NRT and the challenges ahead.

Katie Kemper, GSK, outlined an algorithm showing for every 100 smokers, 30 are happy with their habit, while 70 wanted to quit. Of these, 10 attempted a quit while 60 procrastinated and of the 10 who attempted a quit, eight used cold turkey with only two using some form of treatment.

Research in the UK suggested that, with efforts made since the 'Smoking Kills' White Paper in 1998, a much larger number (six out of 10 quitters) sought some form of treatment. She highlighted the need for greater efforts to reduce barriers to access so all smokers would view treatment as the norm.

Saul Shiffman, research professor of psychology, University of Pittsburgh, said the move to deregulate NRT to GSL was based on a simple equation: impact (number of quits) is equal to efficacy (per cent quit) by utilisation (number using the method). There was good evidence, he suggested, to support making NRT GSL based on the public health need and the efficacy of over the counter NRT.

Deborah Arnott, director ASH UK, was less

CPD

This article can help in the following CPD competencies: G1m, G1q, G5j, G3h, C2a, C2d. See www.tinyurl.com/194zu

onvinced and suggested that a key barrier vas the high cost of NRT. She was disappointed hat most retailers who saw opportunities in SL switches still viewed NRT products in trictly commercial terms as high margin/low urnover items.

With only a 0.4 per cent decline year on year in moking prevalence in the UK (24 per cent), she uggested it would take 50 years to achieve the revalence of the USA (17 per cent). ASH UK was oncerned about the medicalisation of smoking essation in the absence of other initiatives and Ms Arnott went on to say many smokers stopped without NRT or other pharmacotherapy and should be supported to do so.

Judith McKay, senior policy adviser, WHO, greed and suggested there needed to be more mphasis on behavioural support in smoking essation. Sadly there was little evidence of this in developing countries.

Professor West told the meeting that in the UK the usage of NRT had increased and was influenced by government policy; greater availability was associated with greater usage. He suggested that whereas OTC sales of NRT remained stable over the last few years the increase in use comes mainly from NRT supplied from smoking cessation services.

The discussion panel considered perceived toxicity of NRT as a barrier to greater accessibility. Many felt that healthcare professionals – nurses, doctors and pharmacists – were propagating the myth that NRT was dangerous or as dangerous as smoking. This needed to change.

Continuing professional development

Reflect

What activities do you perform relating to public health? How do you inform your advice to patients? Do you actively participate in developing services or contribute to developing policy? Do you ever challenge your own understanding of public health issues? Do you offer patients more than one point of view when counselling? Do your patients understand public health issues?

Plan

If you read this article you may gain ideas on how to get involved in public health, whether to provide a new service or to get involved in contributing to the wider debate about current best practice. Consider the benefits of attending or reading about conferences or seminars where views are discussed and different points of view offered. Are there any public health services locally you could see in action? Check with your PCO about what the local health needs are – are there any you could or should be participating in?

Act

Read patient information leaflets and the corresonding SPCs, as well as visiting the manufacturers' patient support websites, and think about what messages the public is being given. Visit a practitioner offering a public health service in your area. Involve your professional colleagues in a debate about public health to see whether you share the same understanding.

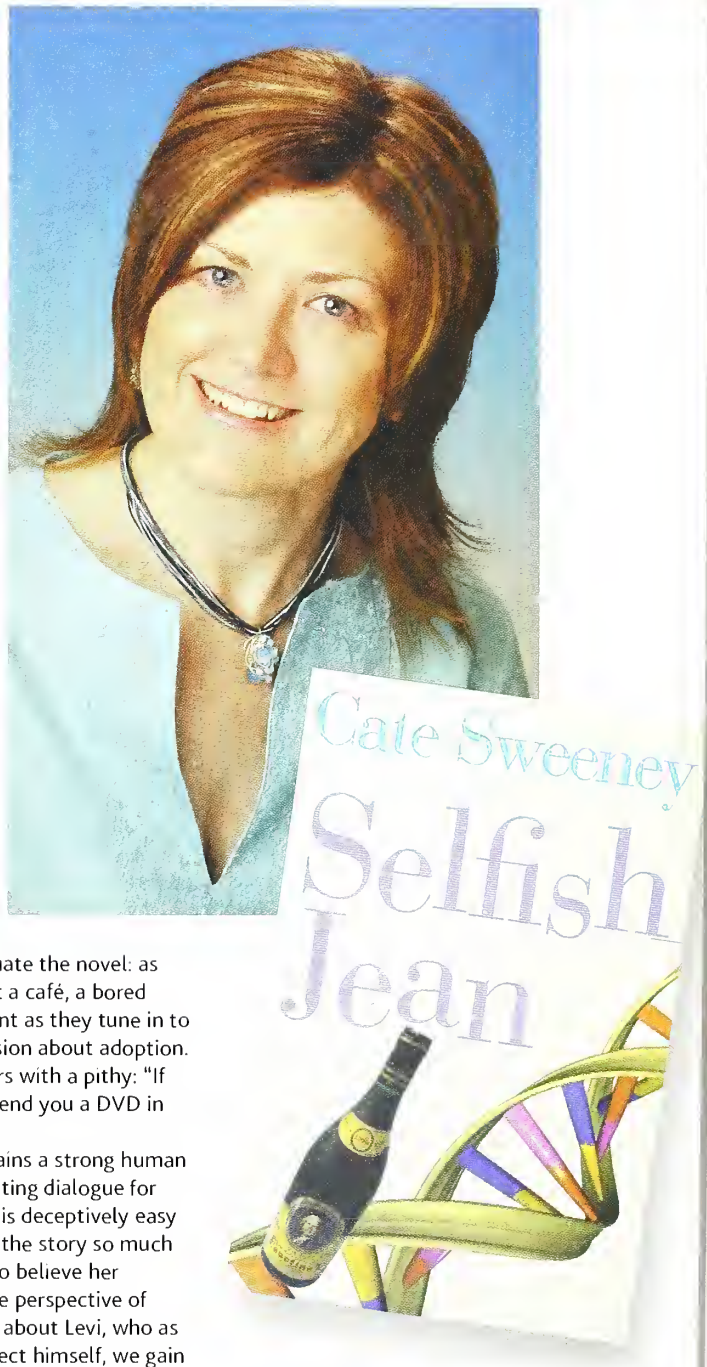
Evaluate

Have you changed the way you think about public health? What additional support or involvement would you like to see in order to become more involved in public health? And are you more comfortable about thinking and talking about public health and even participating in schemes?

Double tale twists guilt and longing

Selfish Jean: a story about a woman who longs for a child and a child who longs for a mother who cares

Charles Gladwin



Cate Sweeney is an accomplished writer who just happens to be a locum pharmacist. Up until now, Cate has been a playwright and short story writer (some of which have appeared on the pages of C+D), but now she has had her first novel, Selfish Jean, published.

The selfish Jean in question is a frustrated art photographer who works in a museum, but whose real unhappiness seems to lie in her desperate need to have a child. Her biological clock is ticking away – she is nearly 40 – and fertility treatment has proved unsuccessful: the last remaining option is adoption.

With her husband Sam, she has been enduring the long and painful series of pre-adoption interviews with their social worker Paul. The strain of dealing with her mother's desire to have a grandchild and then the reawakening of a friendship with a university friend who has started a family trigger Jean's erratic and misjudged behaviour. Emotions overtake judgement and she ends up hurting more people than she expects.

In parallel with this is a story about a young boy, Levi, in care because his mother is an alcoholic. He has no happy experiences of being fostered and

> The book presents an interesting debate about the 'right' of women in this scientifically enhanced day and age to have children come what may

dreams of being reunited with his mum and his sister. Unfortunately for him, when he and his sister are returned to their mother's custody, life only gets worse. It seems there can be no happy ending for Levi who just wants to be loved and happy with his family.

Hmm. Sounds pretty grim, doesn't it? But it's not. The story starts with humour – the fretting granny wannabe, the way in which catty thoughts blurt out when not intended, workplace politics – and contains some worrying truths: "You don't actually have to like children to want them, do you?"

Humour continues to punctuate the novel: as Jean meets her social worker at a café, a bored couple at the next table go silent as they tune in to the far more interesting discussion about adoption. Jean reacts to the eavesdroppers with a pithy: "If you've missed anything, I can send you a DVD in the post."

But above all, the book contains a strong human narrative. Cate's strength in writing dialogue for the stage means that the book is deceptively easy to read, but this is what makes the story so much more powerful. It is very easy to believe her characters, and writing from the perspective of Jean in a sea of self-doubt, and about Levi, who as a child has to find ways to protect himself, we gain an insight into the thought processes involved.

This intelligent book's title echoes that of Richard Dawkins' Selfish Gene, and like two strands of the double helix, you wonder how Cate Sweeney's two tales will work together and what the outcome will be.

The book presents an interesting debate about the 'right' of women in this scientifically enhanced day and age to have children come what may, and to compare it to what mother nature may bestow via the gene pool. It is difficult not to think about the ethics involved and what role medicine should have in this.

It also flags up how in this western world where so many needs have been met, the human condition is such that it can never be satiated. It also doesn't shy away from the way in which humans debase themselves, reverting to something we perhaps once were in some earlier evolutionary form. Is civilisation really meant to tolerate the inhumanity of child abuse or even neglect?

It is a moving story that doesn't really have a happy ending, and is a well told account of desperate people's lives: the woman who longs to have a child and the child who longs to have a normal childhood. Both want the love and reassurance that a family should bring.

There is a current fashion for 'chick lit'. Despite the book cover's appearance, this is most definitely not that. Look elsewhere if you want something uplifting. But if you want to reflect on the human condition and to read something that makes you think about wanting and belonging and what those values mean in today's society, this book is well worth reading.

The publisher Macmillan has put the book out under its New Writing imprint, endorsing Cate's potential, and it was pleasing to learn that the Waterstone's in Trafalgar Square, London, has featured the book in a display. In addition, at the time of writing this review seven out of seven reviewers on Amazon have given the book a five star rating. All this augurs well for Cate's future as a novelist.

Selfish Jean by Cate Sweeney
Macmillan New Writing
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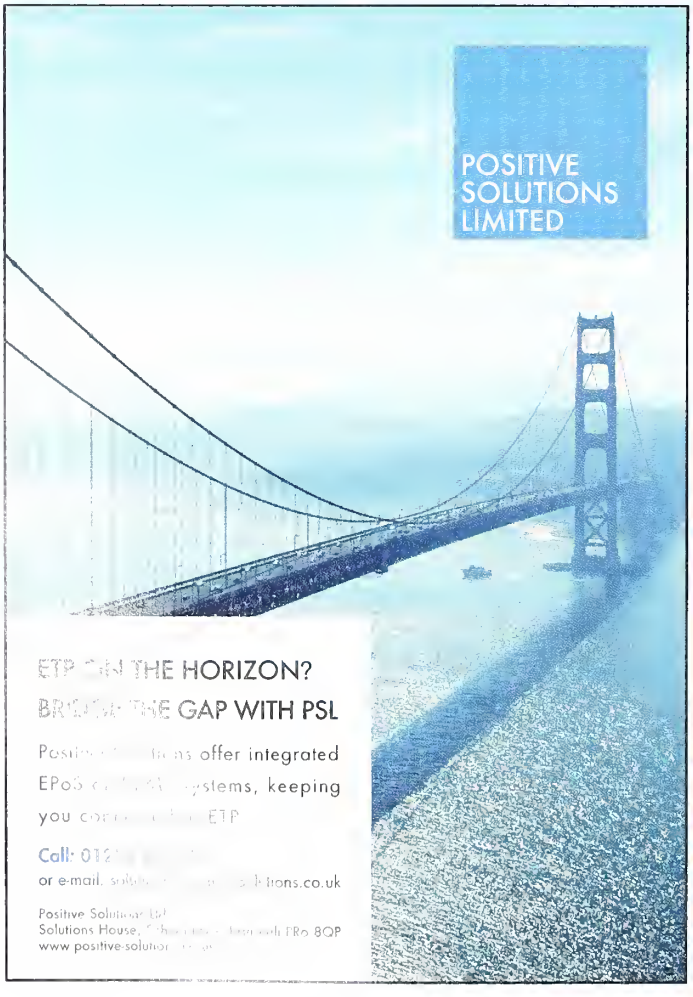

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Fifty years have passed since these pharmacy students graduated from Chelsea (King's) College (above right) and Manchester University (above left). Four alumni of Chelsea College – Heather Elliston, Mike Harvey, David Nunn and Anne Savage – masterminded this year's event at Chelsea, which was attended by 50 partners and guests, including 32 former students. News of absent alumni and staff was circulated and past pharmacognosy and pharmaceutics lecturers Georgina and Geoffrey Jolliffe set a science quiz paper. Competition was intense and another first class honours was awarded. Twenty two of the 27 students who graduated from Manchester University in 1956 met at the present pharmacy department and then retired to the Lowry Centre in Manchester's former dockland for a celebratory dinner.

Pharmacists tee off

The pharmacy golf season is now in full swing with competitions taking place in Oxfordshire and Cheshire.

The winner of the PharmaPlus golf day at The Oxfordshire golf club was Chandrakant Patel, pictured receiving his prize from Anthony Mayhead of Alliance UniChem. Dilipkumar Desai and Hitesh Patel took second and third prizes respectively. Hitesh Patel also took first prize in one of the two longest drive competitions; Hiten Patel won the other. The nearest the pin trophy was won by Alan Ker from OTC Direct.

Members of the Liverpool Chemists Golfing Society played for the AAH Trophy (formerly the Vestric Cup) at Frodsham Golf Club. Graham Sindon, locum pharmacist in Liverpool, won. David Turner, former proprietor of Knights Pharmacy, the Midlands multiple, was runner-up and Joe Fearns, pharmacist at Fearns Pharmacy in Helsby, Cheshire, came third.

Anthony Mayhead from Alliance UniChem presents Chandrakant Patel with his trophy for overall winner

Have holiday vouchers, will travel!

An Irish pharmacist has won €2,200 (£1,500) worth of holiday vouchers courtesy of a supplier of insect repellents.

Michelle Mortagh of Bradley's Pharmacy in Drogheda was successful in the prize draw of a two-stage direct mail campaign that supported the launch of Autan Tropical insect repellent from SC Johnson (C+D, March 18, 2006, p31).

Sue Jones, Linda Holmes, Ann Dawkins, Raj Jain and Gary Johnson won patio heaters.

Appointments

The new chief executive of the NHS is David Nicholson, top right, currently in a similar role at NHS London. Formerly chief executive of Birmingham and the Black Country Strategic Health Authority, Mr Nicholson has been with the NHS for more than 25 years. He takes up the post in September.

Sir Ian Carruthers, who has been acting head of the NHS since Sir Nigel Crisp retired in March, returns to his role as chief executive of NHS South West.

AAH Hospital Service, distributor to UK hospital pharmacies, has appointed James Charlton, centre right, as hospital account manager to work with customers in the North Thames region, which stretches from Northants to Suffolk and Berkshire.

Jonathan Wilson, bottom right, has joined Actavis as marketing manager.

Pill pushers do it for cancer charity

Rosemarie Saunders, a pharmacy technician at Doncaster Royal Infirmary, is pushing a giant 'pill' from Montagu Hospital, Mexborough to Doncaster Royal Infirmary to raise money for a cancer charity on August 12.

Because she works in the pharmacy, Ms Saunders felt it would be appropriate to do a pill push, rather than the more normal hospital bed push, and has acquired a solid wooden drum from Doncaster Cable to use as the 5ft diameter 'pill'. She aims to raise more than £4,000 for Cancer Research UK with her colleagues so that she can take part in a trek to Everest Base Camp.

The pill has been decorated to draw attention to the Everest trek. "It's like a big cotton reel, but in solid wood," Ms Saunders said. "It will take us ages to push as it's so heavy."

More than 20 people will be pushing the pill along the 12-mile route, in relay, escorted by a police car.

Ms Saunders said: "My mum died of cancer when I was 17 and for a long time I have supported cancer charities. To keep raising money you have to do bigger and better things and I thought this would be different enough to attract donations."

Donations can be sent to Rosemarie Saunders, Pharmacy Dept, Doncaster Royal Infirmary, Thorne Road, Doncaster DN2 5LT.

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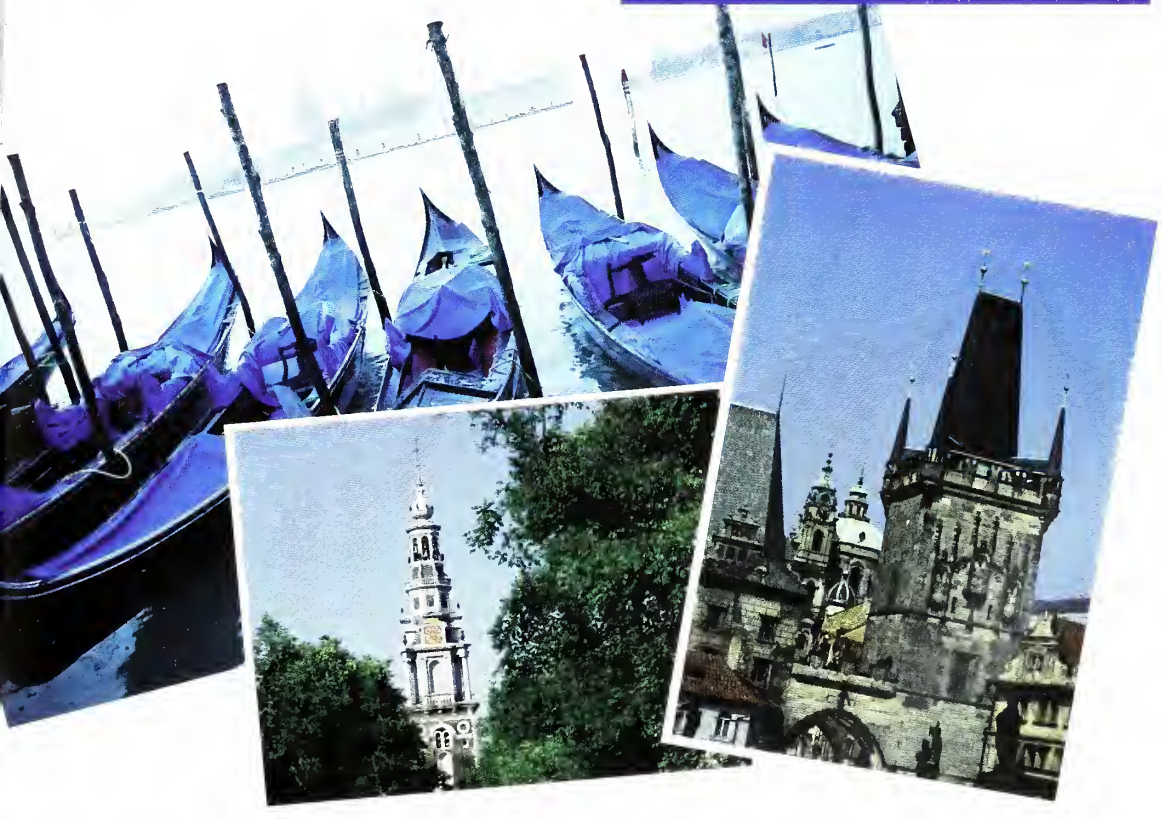

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